2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 585386

1. Entity Name
RANON & PARTNERS, INC.

Principal Place of Business	Mailing Address
515 WEST BAY ST. SUITE 200 TAMPA, FL 33606 US	515 WEST BAY ST. SUITE 200 TAMPA, FL 33606 US

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1849713

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUBUCHON, MICHAEL G.
515 WEST BAY ST.
SUITE 200
TAMPA, FL 33606

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001051462
02/16/04-80052-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANON, JOHN F.
STREET ADDRESS	515 WEST BAY ST SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DST
NAME	TANNER, RODNEY T
STREET ADDRESS	515 WEST BAY ST. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	HOUGHTON, BRUCE S.
STREET ADDRESS	515 WEST BAY ST. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DM
NAME	AUBUCHON, MICHAEL
STREET ADDRESS	515 WEST BAY ST. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MANGIONE, SHARON
STREET ADDRESS	515 WEST BAY ST. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MCALISTER, BARBARA
STREET ADDRESS	515 WEST BAY ST. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL AUBUCHON 2.12.2004 813.253.3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #