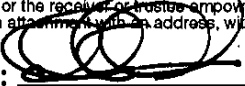


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 585386 1. Entity Name RANON & PARTNERS, INC.			
Principal Place of Business 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606 US		Mailing Address 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606 US	
DO NOT WRITE IN THIS SPACE			
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-1849713	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent AUBUCHON, MICHAEL G. 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANON, JOHN F. 515 WEST BAY ST SUITE 200 TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TANNER, RODNEY T 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, BRUCE S. 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM AUBUCHON, MICHAEL 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGIONE, SHARON 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALISTER, BARBARA 515 WEST BAY ST. SUITE 200 TAMPA, FL 33606		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 G. AUBUCHON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-28-07 Daytime Phone # 813.253.3465	