

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004665 1. Entity Name RONCO COMMUNICATIONS & ELECTRONICS, INC.	
---	---

Principal Place of Business 595 SHERIDAN DRIVE TONAWANDA, NY 14150	Mailing Address 595 SHERIDAN DRIVE TONAWANDA, NY 14150
--	--

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-0905768	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and fee if applicable.

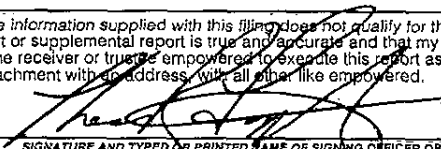
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WASP, PATRICIA 595 SHERIDAN DRIVE TONAWANDA, NY 14150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASP, CHRISTOPHER 595 SHERIDAN DRIVE TONAWANDA, NY 14150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LIPPARD, THOMAS R III 595 SHERIDAN DRIVE TONAWANDA, NY 14150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUTSCHMAN, ROBERT W 595 SHERIDAN DRIVE TONAWANDA, NY 14150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000370216
07/05/05-80006-025 550.00

**DO NOT WRITE
IN THIS SPACE**

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:  **6/30/05 716-879-8125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #