2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G00306

1. Entity Name
RON-TUM, INC.

Principal Place of Business	Mailing Address
111 CALICO RD LAKE MARY, FL 32746	P. O. BOX 181414 CASSELBERRY, FL 32718 US

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2239515	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

TUMMINIA, RONALD A
111 CALICO RD.
LAKE MARY, FL 32746

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DS	
NAME	TUMMINIA, RONALD A	
STREET ADDRESS	11 CALICO RD	
CITY-ST-ZIP	LAKE MARY, FL	
TITLE	PVP	
NAME	TUMMINIA, RONALD A	
STREET ADDRESS	111 CALICO RD.	
CITY-ST-ZIP	LAKE MARY, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ronald A. Tumminia _Ronald a Tumminia_   2/21/05 (407) 324-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #