

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25457

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: RON ROSE PRODUCTIONS, INC.

**Current Principal Place of Business:**

1101 N. HIMES AVE  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1101 N. HIMES AVE  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-2459987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POOLE, DONALD M.  
1101 N. HIMES AVENUE  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: POOLE, DONALD  
Address: 18801 BROOKER CREEK DR.  
City-St-Zip: ODESSA, FL

Title: VP ( ) Delete  
Name: ROCZ, RONALD  
Address: 29277 SOUTHFIELD RD.  
City-St-Zip: SOUTH FIELD, MI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD POOLE

PS

02/08/2009

Electronic Signature of Signing Officer or Director

Date