


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90032 042 \*\*\*150.00

<b>DOCUMENT # H91744</b>		
1. Entity Name <b>RON ASSOCIATES, INC.</b>		
Principal Place of Business <b>% ROBERT O. NESS 3129 LEE WARREN AVENUE LAKELAND FL 33803-4412</b>		Mailing Address <b>% ROBERT O. NESS 3129 LEE WARREN AVENUE LAKELAND FL 33803-4412</b>
2. Principal Place of Business <b>837 LAKESIDE COURT</b>	3. Mailing Address <b>837 LAKESIDE COURT</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>LAKELAND, FLORIDA</b>	City & State <b>LAKELAND, FLORIDA</b>	
Zip <b>33815-4777</b>	Country <b>USA</b>	Zip <b>33815-4777</b>
		Country <b>USA</b>

30003200



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2634818</b>		Applied For <input type="checkbox"/>
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>NESS, ROBERT O. 3129 LEE WARREN AVENUE LAKELAND FL 33801</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL Zip Code		

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NESS, ROBERT O. 3129 LEE WARREN AVENUE LAKELAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Robert O. Ness **ROBERT O. NESS** 1/26/05 863-688-1523  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #