


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K46200 1. Entity Name ROB-RON ENTERPRISES, INC.	
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Principal Place of Business % LEHMAN R GARRIGA JR 300 MARY ESTHER CUTOFF MARY ESTHER, FL 32569	Mailing Address % LEHMAN R GARRIGA JR 300 MARY ESTHER CUTOFF MARY ESTHER, FL 32569
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRIGA, LEHMAN R. JR 300 MARY ESHTER CUTOFF MARY ESTHER, FL 32569

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRIGA, LEHMAN R., JR. 120 SCOTTSDALE CT MARY ESHTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRIGA, ROBIN HAMRICK 120 SCOTTSDALE CT MARY ESHTER, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/28/06 Date	850-244-3537 Daytime Phone #
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