2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 24, 2005 08:00 AM DOCUMENT # M91036 **Secretary of State** 1. Entity Name RONTRON REALTY & INVESTMENTS, INC. Mailing Address Principal Place of Business 1156 7TH ST. N.W. 1156 7TH ST. N.W. **LARGO FL 34640** LARGO FL 34640 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-1989942 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIVENS, MARADENE Street Address (P.O. Box Number is Not Acceptable) 1250 14TH CT., SW LARGO FL 34640 Zip Code City FL 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 1 am familiar with, and accept the obligations of registered agent. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change TITLE Delete THEF FETTERS, MARIE B. NAME 1250 14TH CT.,\_SW STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST ZIP CITY-ST-ZIP ☐ Delete Change Addition RHE THILE 100000192325 GIVENS, MARADENE NAME NAME 01/25/05-80014-009 150.00 1250 14TH CT. SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CHY-SI-7P ☐ Delete ☐ Change Addition NAME RONALD E. FETTERS MARKE SURFEL ADDRESS STREET ADDRESS 1156 7TH ST N.W. CHY-ST-7IP CHY-SI-ZIP LARGO FL Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 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.

ICER OR DIRECTOR

FILED

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