

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002803

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

**Entity Name:** RON ISKOWITZ RARE COINS, INC.

**Current Principal Place of Business:**

1208 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1606  
PALM HARBOR, FL 34682

**New Mailing Address:**

**FEI Number:** 22-2705077      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ISKOWITZ, RON  
1208 PLAYMOOR DRIVE  
PALM HARBOR, FL 34682      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:** MR.      ( ) Delete  
**Name:** ISKOWITZ, RONALD D PRES.  
**Address:** 1208 PLAYMOOR DRIVE  
**City-St-Zip:** PALM HARBOR, FL 34683 US

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

**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: RON ISKOWITZ

PRES

01/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date