

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000059635

1. Entity Name
RONAN ENTERPRISES, INC.



Principal Place of Business
**4537 E. SENECA DR
 JACKSONVILLE, FL 32259**

Mailing Address
**4537 E. SENECA DR
 JACKSONVILLE, FL 32259**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3728843

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FAIRBANKS, RANDAL C
 217 POINTE VEDRA PARK DRIVE
 PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE

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; 2007 Fee will be \$550.00 -**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCKIMSON, ROBERT P
STREET ADDRESS	4537 E. SENECA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	MCKIMSON, NANCY S
STREET ADDRESS	4537 E. SENECA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/07-80093-004 150.00

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: *Robert McKimmon* **Robert McKimmon** **4/10/07** **904-612-5317**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #
Pres