
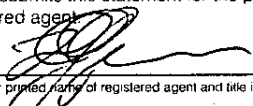
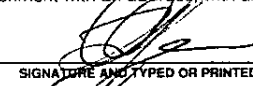


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90018 032 ***150.00

DOCUMENT # P01000098961					
1. Entity Name RONON GROUP, INC.					
Principal Place of Business 1650 ELM AVE WINTER PARK FL 32789			Mailing Address PO BOX 1322 WINTER PARK FL 32790		
2. Principal Place of Business 121 CORNWALL RD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER PARK		City & State		4. FEI Number 59-3419726	
Zip 32792		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JURGENS, HENRY K 1650 ELM AVE WINTER PARK FL 32792			7. Name and Address of New Registered Agent		
Name			- JURGENS, HENRY K.		
Street Address (P.O. Box Number is Not Acceptable)			121 CORNWALL RD		
City			WINTER PARK		FL
Zip Code			32792		
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				DATE	
Signature, typed or printed name of registered agent and title if applicable.		HENRY K. JURGENS		02/02/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PSTD	NAME JURGENS, HENRY K		<input type="checkbox"/> Delete		
STREET ADDRESS 1650 ELM AVE	CITY-ST-ZIP WINTER PARK FL 32789		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS JURGENS, HENRY K.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 121 CORNWALL RD	STREET ADDRESS WINTER PARK FL 32792		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	STREET ADDRESS NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	STREET ADDRESS NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	STREET ADDRESS NAME		<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:				DATE	
Signature and typed or printed name of signing officer or director		HENRY K. JURGENS		02/02/04	
Date		407 671 7959		Daytime Phone #	