


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90034 045 ***158.75

DOCUMENT # P02000082178	
1. Entity Name JON'RIC INTERNATIONAL CORP.	

Principal Place of Business 5272 N.W. 89TH DRIVE CORAL SPRINGS, FL 33067	Mailing Address 5272 N.W. 89TH DRIVE CORAL SPRINGS, FL 33067
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2. Principal Place of Business 1732 PATTERSON AVE	3. Mailing Address 4630 N. University Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 384

City & State DELAND, FLORIDA	City & State CORAL SPRINGS, FL
Zip 32724	Country USA
Country USA	Zip 33067



02222004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1622904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent HAYS, RICHARD J 4273 PINE ISLAND ROAD SUNRISE, FL 33351	7. Name and Address of New Registered Agent Name SPENCER OLSEN Street Address (P.O. Box Number is Not Acceptable) 5272 N.W. 89 DRIVE City CORAL SPRINGS FL Zip Code 33067
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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 **SPENCER OLSEN, SECRETARY** *Spencer Olsen* 2/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP OLSEN, SPENCER 5272 N.W. 89TH DRIVE CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O./ PRESIDENT JON RANDO 1732 PATTERSON AVE DELAND, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER SPENCER OLSEN 4630 NORTH UNIVERSITY DRIVE # 384 CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **JON RANDO, President** 2/23/04 877-456-6742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #