

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90016 037 \*\*\*150.00

DOCUMENT # P03000140284

1. Entity Name  
RONJO, INC.



Principal Place of Business  
#1 KEY CAPRI, UNIT ~~507E~~ 601E  
TREASURE ISLAND, FL 33706

Mailing Address  
#1 KEY CAPRI, UNIT ~~507E~~ 601E  
TREASURE ISLAND, FL 33706



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0373433

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLOWERS, RONALD E  
#1 KEY CAPRI, UNIT ~~507E~~ 601E  
TREASURE ISLAND, FL 33706

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
FLOWERS, RONALD E  
STREET ADDRESS  
#1 KEY CAPRI, UNIT ~~507E~~ 601E  
CITY-ST-ZIP  
TREASURE ISLAND, FL 33706

TITLE  
NAME  
D  
FLOWERS, JOYCE A  
STREET ADDRESS  
#1 KEY CAPRI, UNIT ~~507E~~ 601E  
CITY-ST-ZIP  
TREASURE ISLAND, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 another line empowered.

SIGNATURE:

*Ronald E. Flowers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9, 2005 727-363-3657  
Date Daytime Phone #