

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140284

1. Entity Name
RONJO, INC.



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

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



01182006 No Chg-P CR2E034 (11/05)

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 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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 FLOWERS, RONALD E
STREET ADDRESS #1 KEY CAPRI, UNIT 601E
CITY-ST-ZIP TREASURE ISLAND, FL 33706

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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UN0000456596
03/16/06-80035-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ronald E. Flowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-06 727-363-3657

Daytime Phone