
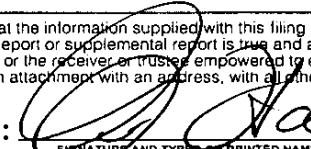


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90234 012 \*\*\*158.75

<b>DOCUMENT # P03000152741</b>											
<b>1. Entity Name</b> RON JON - MCO AIRPORT, INC.											
<b>Principal Place of Business</b> 3850 SOUTH BANANA RIVER BLVD COCOA BEACH, FL 32931			<b>Mailing Address</b> 3850 SOUTH BANANA RIVER BLVD COCOA BEACH, FL 32931								
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		<b>4. FEI Number</b> 54-2139472							
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  SPECHT, LISA A GRAYROBINSON, P.A. STE 1400 301 E. PINE STREET STE 1400 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE	D, T DIMENNA, RONALD E <input type="checkbox"/> Delete		TITLE	D MORIARTY, EDWARD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	3850 SOUTH BANANA RIVER BLVD		NAME	3850 SOUTH BANANA RIVER BLVD							
STREET ADDRESS	COCOA BEACH, FL 32931		STREET ADDRESS	COCOA BEACH, FL 32931							
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE	D, P MORIARTY, EDWARD L <input type="checkbox"/> Delete		TITLE	P HARVEY, DEBRA A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
NAME	3850 SOUTH BANANA RIVER BLVD		NAME	3850 SOUTH BANANA RIVER BLVD							
STREET ADDRESS	COCOA BEACH, FL 32931		STREET ADDRESS	COCOA BEACH, FL 32931							
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE	S YOUNGS, JACQUELINE G <input type="checkbox"/> Delete		TITLE								
NAME	3850 S BANANA RIVER BLVD		NAME								
STREET ADDRESS	COCOA BEACH, FL 32931		STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
<b>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.</b>											
<b>SIGNATURE:</b> 			Debra A Harvey 4/30/08 321.799.8888								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>								