2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152577 04-24-2006 90381 004 ***158.75 1. Entity Name RON JON - NEWARK AIRPORT, INC. 40061423 Principal Place of Business Mailing Address 3850 S. BANANA RIVER BLVD. 3850 S. BANANA RIVER BLVD. COCOA BCH, FL 32931 COCOA BCH, FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 43-2065297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPECHT, LISA A Street Address (P.O. Box Number is Not Acceptable) 3101 E. PINE ST., SUITE 1400 ORLANDO, FL 32801 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change : ☐ Addition NAME MORIARTY, EDWARD L NAME 3850 S. BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BCH, FL 32931 CITY-ST-ZIP TITLE . ☐ Delete Change ☐ Addition NAME 4 KIRSCHENBAUM, MALCOLM R NAME STREET ADDRESS 3850 S. BANANA RIVER BLVD. STREET ADDRESS CITY-ST-ZIP COCOA BCH, FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition YOUNGS, JACQUELINE G NAME NAME 3850 S BANANA RIVER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Presdent SIGNATURE:

FILED

Apr 24, 2006 8:00 am Secretary of State