2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # P05000003322** 1. Entity Name 04-04-2008 90030 049 ***158.75 RONBREN, INC. Principal Place of Business Mailing Address 2583 4TH ST. EAST 2583 4TH ST. EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-2131464 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 Name RANDALL, RONNIE Street Address (P.O. Box Number is Not Acceptable) **2583 4TH ST EAST** BRADENTON, FL 34208 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be -Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ■ Addition Change RANDALL, RONNIE NAME NAME STREET ADDRESS **2583 4TH ST EAST** STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RANDALL, BRENDA NAME NAME STREET ADDRESS 2583 4TH ST EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE Delete __ TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 like empowered.