2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000010218

1. Entity Name

RON'& RICHARD PROPERTY MANAGEMENT INC.



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

2475 ROLLING VIEW DR. DUNEDIN, FL 34698

Mailing Address

2475 ROLLING VIEW DR. DUNEDIN, FL 34698



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2628779

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BUCHBERGER, RONALD 2475 ROLLING VIEW DR. DUNEDIN, FL 34698

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					
After May 1, 2008 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000385629 04/18/03-80021-022 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHBERGER, RONALD 2475 ROLLING VIEW DR. DUNEDIN, FL 34698				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOLLECH, RICHARD 2475 ROLLING VIEW DR. DUNEDIN, FL. 34698				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal affect as if made under path; that tam an officer or director.					

12. 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 t 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

727 742-5083