

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084829

**FILED**  
**Jun 26, 2008**  
**Secretary of State**

**Entity Name:** RON TAX & ACCOUNTING SVCES INC

**Current Principal Place of Business:**

11073 WINDSON CIR  
204  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

11073 WINDSON CR  
204  
NAPLES, FL 34109

**New Mailing Address:**

1848 AIRPORT RD SOUTH  
NAPLES, FL 34112

**FEI Number:** 20-2936603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAQUIOT, PIERRE  
12637 NW 14TH COURT  
SUNRISE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ST LOUIS, ANN-SACHA  
Address: 6950 SW 4TH ST  
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN SACHA ST LOUIS

P

06/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date