



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P31195			
1. Entity Name THE RONJON CO., INC.			
Principal Place of Business P.O. BOX 1850 SANTA ROSA BEACH FL 32459		Mailing Address P.O. BOX 1850 SANTA ROSA BEACH FL 32459	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 73-0940073		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REINHART, JOHN R. 210 HIGHLAND AVE SANTA ROSA BEACH FL 32459		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when retaining)	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, JOHN R	NAME	
STREET ADDRESS	210 HIGHLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA WIRKUS	NAME	
STREET ADDRESS	185 HILLTOP	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	CITY-ST-ZIP	
TITLE	S,T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, NELL	NAME	
STREET ADDRESS	P.O. BOX 4883	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	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	
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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 - changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/27/2005 850 - 267-4604	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE OR2E084 (10/04)

4. FEI Number **73-0940073** Applied For Not Applicable

5. Certificate of Status Desired \$5.75 Additional Fee Required

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