


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90187 023 ***150.00

DOCUMENT # P31195

1. Entity Name
THE RONJON CO., INC.



Principal Place of Business: P.O. BOX 1650 SANTA ROSA BEACH, FL 32459

Mailing Address: P.O. BOX 1650 SANTA ROSA BEACH, FL 32459

2. Principal Place of Business - No P.O. Box #

3. Mailing Address


Suite, Apt. #, etc.

City & State

City & State

Zip

Country



04202007 Chg-P CR2E034 (12/06)

4. FEI Number: 73-0940073

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REINHART, JOHN R. (Address Change)
 210 HIGHLAND AVE
 SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent
 Name: REINHART, JOHN R.
 Street Address: 1984 So City Hwy #83
 City: Santa Rosa Beach FL Zip Code: 32459

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: *John Reinhart*

NOTE: Registered Agent signature required when registering.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing: \$5.00 May Be Added to Fees

H-06-07

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	NAME: REINHART, JOHN R. (Address Change)	TITLE: REINHART, JOHN R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: REINHART, JOHN R.
STREET ADDRESS: 210 HIGHLAND AVE	CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	STREET ADDRESS: 1984 So City Hwy #83	CITY-ST-ZIP: SANTA ROSA BEACH FL 32459
TITLE: STD	NAME: LAURA WIRKUS	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 165 HILLTOP	CITY-ST-ZIP: SANTA ROSA BEACH, FL	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S,T	NAME: THORNTON, NELL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: P.O. BOX 4853	CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *John Reinhart* JOHN R. REINHART 4/26/2007 850-267-4604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #