


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90027 025 \*\*\*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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <i>REINHART JOHN R. A SYLVIA</i> REINHART, JOHN R. 1984 SA CTY HWY #83 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name <i>A SYLVIA REINHART</i> Street Address (P.O. Box Number is Not Acceptable) <i>1984 So. Cty Hwy #83</i> City <i>SANTA ROSA BEACH</i> FL Zip Code <i>32459</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	P REINHART, JOHN R 1984 SO CTY HWY #83 SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>A SYLVIA REINHART</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1984 So. Cty Hwy #83</i> <i>SANTA ROSA BEACH, FL 32459</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAURA WIRKUS 165 HILLTOP SANTA ROSA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T THORNTON, NELL P.O. BOX 4853 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>A Sylvia Reinhart</i>		Date: <i>2-19-08</i> Daytime Phone #: <i>850-267-4604</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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02082008 Chg-P CR2E034 (12/06)

4. FEI Number  
73-0940073 Applied For  
Not Applicable

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