

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P36778

1. Entity Name
VAN RONZELEN, INC.



Principal Place of Business
**1431 S. OCEAN BLVD #80
POMPANO BEACH, FL 33062**

Mailing Address
**1431 S. OCEAN BLVD #80
POMPANO BEACH, FL 33062**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-0409780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fes Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MUSCHANY, SUSAN V.
2137 NE 67TH ST.
FT. LAUDERDALE, FL 33308**

**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 _____

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
VAN RONZELEN, JAYNE
1431 S. OCEAN BLVD.
POMPANO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KEVIL, NANCY V.
2004 MISTY GLEN
COLUMBUS, MO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MUSCHANY, SUSAN V.
2137 NE 67 ST.
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000547792
05/12/06-80039-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: S. Muschany Susan Muschany 4/23/06 954-772-6238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If