2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2008 8:00 am
Secretary of State
08-01-2008 90040 005 ***150.00

DOCUMENT # P94000048909

1. Entity Name

RONCO SALES, INC.

Principal Place of Business	Mailing Address
1499 SW 30TH AVE. SUITE 2 BOYNTON BCH FL 33426 US	1499 SW 30TH AVE. SUITE 2 BOYNTON BCH FL 33426 US

00010000

2nd MOORE CR2E034 (4/08)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1499 S.W. 30TH AVE		1499 S.W. 30TH AVE.	
Suite, Apt. #, etc.: SUITE 3		Suite, Apt. #, etc.: SUITE 3	
City & State: BOYNTON BEACH, FL.		City & State: BOYNTON BEACH, FL.	
Zip: 33426	Country: PALM BEACH	Zip: 33426	Country: PALM BEACH

4. FEI Number 65-0504502 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, RONLAD C
7844 C LEXINGTON CLUB BLVD.
BOYNTON BCH. FL 33446

7. Name and Address of New Registered Agent

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 [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 $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00 ☐

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACOBSON, RONALD C		NAME		
STREET ADDRESS	7844 C LEXINGTON CLUB BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACOBSON, CONSTANCE D		NAME		
STREET ADDRESS	7844C LEXINGTON CLUB BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: [signature] RONALD C JACOBSON — 8-21-08 — 561-737-7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #