

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90014 037 ***158.75

DOCUMENT # P95000065197

1. Entity Name

KURT E. RONSTROM, INC.



Principal Place of Business

8708 COMMERCE ST
BLDG C #4
CAPE CANAVERAL FL 32920
US

Mailing Address

8708 COMMERCE ST
BLDG C #4
CAPE CANAVERAL FL 32920
US



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

8708 Commerce St

Suite, Apt. #, etc.

3. Mailing Address

3395 Grape St

Suite, Apt. #, etc.

City & State

Cape Canaveral FL

City & State

Cocoa FL

4. FEI Number

59-3335811

Applied For

Not Applicable

Zip

32920-4207

Country

USA

Zip

32926-2965

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

RONSTROM, KURT E
8708 COMMERCE ST
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. I, the undersigned, submit 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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RONSTROM, KURT E	
STREET ADDRESS	8708 COMMERCE ST	
CITY - ST - ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder 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 exemption with an address with all other like empowered.

SIGNATURE: Kurt E. Ronstrom, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07 321 258-1608

Date

Daytime Phone #