


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90004 005 \*\*\*150.00

**DOCUMENT # P99000001140**

1. Entity Name  
**RONSTAN INTERNATIONAL, INC.**



Principal Place of Business  
**7600 BRYAN DAIRY RD. N. LARGO, FL 33777**

Mailing Address  
**7600 BRYAN DAIRY RD. N. LARGO, FL 33777**

**54055802**



2. Principal Place of Business  
**7600 Bryan Dairy Rd**

3. Mailing Address  
**7600 Bryan Dairy Rd**

Suite, Apt. #, etc.  
**Suite F**

03192003 Chg-P CR2E034 (10/03)

City & State  
**Largo, FL**

City & State  
**Largo, FL**

Zip  
**33777**

Country  
**Pinellas**

4. FEI Number  
**59-3551332**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHINDEL, MATTHEW**  
**ONE NORTH CLEMATIS STREET**  
**STE 500**  
**WEST PALM BEACH, FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLMER, K C 5304 LAKE SIDE AVE VIRGINIA BEACH, VA 23451 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRUSSIA, ALAN 1533 UNION ST #E ALAMEDA, CA 94501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDOLPH, CATHY 685 SNUG ISLAND CLEARWATER, FL 33676 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, ALSITAIR 220 BAY RD GAND RIGHAM, VI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRLEY, KEN 3002 LONGBROKE WAY CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter Dowdney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3426 Bayshore Blvd St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Randolph Cathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 685 Snug Island Clearwater, FL
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:** *Cathy L. Randolph* **Cathy L. Randolph** **5/25/04 727-545-1911**

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