

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047040

1. Entity Name
LAND-RON, INC.



Principal Place of Business
**9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**

Mailing Address
**9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**



05252004 No Chg-P CR2E034 (10/03)

4. FEI Number
94-3328979

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KARPIUK, RONALD H
9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**

**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
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
KARPIUK, RONALD
9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PAUL, EVELYN
9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KARPIUK, ROY
9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
KARPIUK, EMILCE
9521 S. ORANGE BLOSSOM TRAIL, #102
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000161559
05/26/04-80004-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

Home Phone #