

FILED

Jul 16, 2007 08:00 AM
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V25443

1. Entity Name
RONAIR, INC.

Principal Place of Business

1721 RIDGEWOOD AVE
HOLLY HILL, FL 32117

Mailing Address

1721 RIDGEWOOD AVE
HOLLY HILL, FL 32117**DO NOT WRITE IN THIS SPACE**

07122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3170327Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BOWLING, RONALD
1721 RIDGEWOOD AVE
HOLLY HILL, FL 32117**DO NOT WRITE
IN THIS SPACE**

7. 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 fee if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**8. Election Campaign Finance
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	D
NAME	BOWLING, RONALD
STREET ADDRESS	1721 RIDGEWOOD AVE
CITY-ST-ZIP	HOLLY HILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000769044
07/16/07-80011-022 150.00**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Date

Daytime Phone #