

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 020 ***150.00

DOCUMENT # V52122

1. Entity Name

THE RONNING COMPANY, INC.



Principal Place of Business

105 HOPE STREET
LONGWOOD FL 32750
US

Mailing Address

685 STONEFIELD LOOP
HEATHROW FL 32746
US

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

128 MINGO TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

City & State

Zip

Country

Zip

Country

32750

USA

4. FEI Number 59-3147004

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONNING, TODD J.
685 STONEFIELD LOOP
LAKE MARY FL 32746

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Todd J. Ronning V.P. 2/19/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
V	RONNING, TODD J.	685 STONEFIELD LOOP	HEATHROW FL 32746	<input type="checkbox"/>
P	RONNING, DIRK D.	685 STONEFIELD LOOP	HEATHROW FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 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 SIGNING OFFICER OR DIRECTOR

TODD J. RONNING

2/19/07

407-466-1846

Date

Daytime Phone #