

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2007 90051 012 ***150.00

DOCUMENT # P05000101828

1. Entity Name
RAMSEY FOODS, CORP.



Principal Place of Business
20163 WEST CENTRAL AVE
BLOUNTSTOWN, FL 32424 US

Mailing Address
20163 WEST CENTRAL AVE
BLOUNTSTOWN, FL 32424 US



2. Principal Place of Business - No P.O. Box #
11325 NW ST RD 20
Suite, Apt. #, etc.

3. Mailing Address
11325 NW ST RD 20
Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State
Bristol, FL
Zip
32821
Country
US

City & State
Bristol, FL
Zip
32321
Country
US

4. FEI Number
APPLIED FOR 20-3185326
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMSEY, CHAD
20163 WEST CENTRAL AVE
BLOUNTSTOWN, FL 32424

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 Chad Ramsey
Signature, typed or printed name of registered agent if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RAMSEY, RICHARD C	
STREET ADDRESS	20163 WEST CENTRAL AVE	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	VP	☐ Delete
NAME	DEVUYST, REBECCA	
STREET ADDRESS	20309 NE HENTZ AVE	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	S	☐ Delete
NAME	RAMSEY, JAMES R	
STREET ADDRESS	16013 SR 71 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 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: Chad Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 850-674-5044
Date Daytime Phone #