


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90487 034 \*\*\*150.00

**DOCUMENT # P93000024068**

1. Entity Name  
**R.A.M. CONSULTING & INVESTMENTS, INC.**



Principal Place of Business      Mailing Address

**15438 N FL AVE**      **15438 N FL AVE**  
**STE 104**      **STE 104**  
**TAMPA FL 33613**      **TAMPA FL 33613**  
**US**      **US**

94000001



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**16011 NORTH NEBRASKA**      **P.O. Box 17135**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#107**

City & State      City & State

**LUTZ, FL**      **TAMPA, FL**

4. FEI Number      Applied For

**59-3174022**       Not Applicable

Zip      Country      Zip      Country

**33549**      **HILLSBOROUGH**      **33682**      **HILLSBOROUGH**

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

6. Name and Address of Current Registered Agent

**FURLONG, RICHARD A**  
**15438 N FL AVE # 104**  
**TAMPA FL 33613**

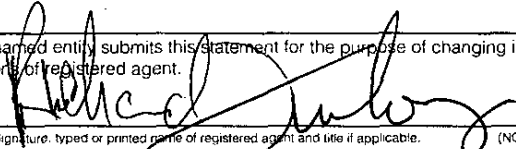
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**16011 NORTH NEBRASKA, #107**

City **LUTZ**      FL      Zip Code **33549**

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 obligation of registered agent.

SIGNATURE       DATE **04-22-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FURLONG, RICHARD A	
STREET ADDRESS	1019 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FURLONG, CLAUDIA	
STREET ADDRESS	1019 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:       RICHARD FURLONG      04-22-04      813-287-9996

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