

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90083 025 ***150.00

DOCUMENT # P93000024068



1. Entity Name

R.A.M. CONSULTING & INVESTMENTS, INC.

Principal Place of Business

16011 NORTH NEBRASKA
 #107
 LUTZ FL 33549
 US

Mailing Address

P.O. BOX 17135
 STE 104
 TAMPA FL 33682
 US

20010360



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

15220 LEITH WALK LANE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 17135
 Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3174022

Applied For

Not Applicable

Zip

33618

Country

HILLSBOROUGH

Zip

33682

Country

HILLSBOROUGH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURLONG, RICHARD A
 16011 NORTH NEBRASKA, #107
 LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: RICHARD FURLONG
 Street Address (P.O. Box Number is Not Acceptable): ~~16011 NORTH NEBRASKA, #107~~ 15220 LEITH WALK LANE
 City: TAMPA FL Zip Code: 33618

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

Richard Furlong

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

(NOTE: Registered Agent signature required when reinstating)

01-31-2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15220 LEITH WALK LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15220 LEITH WALK LANE	
CITY-ST-ZIP	TAMPA, FL 33618	
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 lines empowered.

SIGNATURE:

Richard Furlong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2005 813-287-9996

Date

Daytime Phone #