


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 049 ***158.75

DOCUMENT # 662969 1. Entity Name LEMUEL RAMOS AND ASSOCIATES, INC.	
---	---

Principal Place of Business 10748 DEERWOOD PARK BLVD. SOUTH STE 300 JACKSONVILLE, FL 32256 US	Mailing Address P.O. BOX 4850 JACKSONVILLE, FL 32201-4850 US
--	--

40064445



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2008550	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VERA, RAY 6161 BLUE LAGOON DR STE 200 MIAMI, FL 33126
--

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTC ROBERTSON, DAVID K 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARNES, DALE A 300 S. PINE ISLAND RD-STE 300 PLANTATION, FL 333240000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENKINS, LEERIE T 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JACOBSON, KENNETH R 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VERA, RAY 7428 SW 48TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Kenneth R. Jacobson, VP** 04-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 904-256-2116