## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 662969** 

Title:

Name:

Address:

City-St-Zip:

FILED Mar 01, 2006 Secretary of State

Entity Name: LEMUEL RAMOS AND ASSOCIATES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE 300		K BLVD. SOUTH			
JACKSON\	/ILLE, FL 322	56 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 4 JACKSON\	1850 /ILLE, FL 322	014850 US			
FEI Number:	59-2008550	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and				f New Registered Agent:	
VERA, RAY 6161 BLUE LAGOON DR STE 200 MIAMI, FL 33126 US			10748 DEERWOOD P	JACOBSON, KENNETH R 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KENNETH R. JACOBSON				03/01/2006	
	Electron	c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROBERTSON, E	OOD PARK BLVD. SOUTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BARNES, DALE	AND RD-STE 300	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	BARNES, DALE 300 S. PINE ISL PLANTATION, F D () JENKINS, LEER	A AND RD-STE 300 L 333240000  Delete IE T DOD PARK BLVD. SOUTH	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH R. JACOBSON VΡ 03/01/2006

(X) Delete

7428 SW 48TH STREET

VERA, RAY

MIAMI, FL 33155

() Change () Addition