

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**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  
**10748 DEERWOOD PARK BLVD S  
JACKSONVILLE, FL 32256 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2008550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**JACOBSON, KENNETH R  
10748 DEERWOOD PARK BLVD. SOUTH  
JACKSONVILLE, FL 32256**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BARNES, DALE A  
3760 MAGUIRE BLVD., STE. 300  
ORLANDO, FL 32803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JENKINS, LEERIE T  
10748 DEERWOOD PARK BLVD. SOUTH  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JACOBSON, KENNETH R  
10748 DEERWOOD PARK BLVD. SOUTH  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
John M. Pehling  
1715 N. Westshore Blvd., Suite 500  
Tampa, FL 33607-3999** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10/10/3** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800110274809  
10/04/07--01040--013 \*\*\$1.25** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information reported 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:

*[Signature]*

Vice President

9/20/2007

904/256-2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
07 SEP 28 AM 8:59

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

