
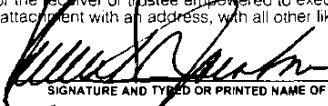


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90047 010 ***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 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 | 4. FEI Number 59-2008550 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JACOBSON, KENNETH R 10748 DEERWOOD PARK BLVD. SOUTH JACKSONVILLE, FL 32256 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PSTC | <input type="checkbox"/> Delete | TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTSON, DAVID K | | NAME | Robertson, David K. | |
| STREET ADDRESS | 10748 DEERWOOD PARK BLVD. SOUTH | | STREET ADDRESS | 10748 Deerwood Park Blvd. South | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNES, DALE A | | NAME | | |
| STREET ADDRESS | 3760 MAGUIRE BLVD., STE. 300 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32803 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENKINS, LEERIE T | | NAME | | |
| STREET ADDRESS | 10748 DEERWOOD PARK BLVD. SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACOBSON, KENNETH R | | NAME | | |
| STREET ADDRESS | 10748 DEERWOOD PARK BLVD. SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEHLING, JOHN M | | NAME | | |
| STREET ADDRESS | 1715 N WESTSHORE BLVD, SUITE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 336073999 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied 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:  | | Kenneth R. Jacobson Vice President | | 4/16/08 904/256-2271 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |