## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #680273** 

1. Entity Name
RAMAR GROUP HOLDINGS, INC.



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FL 34231 US Mailing Address

PO BOX 20708

SARASOTA, FL 34230-9998 US



DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2099420

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM 200 S. ORANGE AVE SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent,	urpose of changing its registere	d office or registered ager	nt, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signalure, typed or printed name of registered agent and title if	applicable, (NOTE: Registered	Agent signature required when rem	slaing) DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing \$5.00 Ma	y Be
10.	OFFICERS AND DIREC	TORS		U00000935467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MORRIS, ROBERT A 1921 MONTE CARLO DRIVE, UNIT 70 SARASOTA, FL 34231	3		05/23/08-80072-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP				nter 119 Florida Statulas I further certify that the information

12. I hereby certify that the information supplied with this filling 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 it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MORRIS, JR, PRESIDENT

04/21/2008

941-923-6353

Date

Daytime Phone #