

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004602

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: RAMSGATE INSURANCE, INC.

## Current Principal Place of Business:

244 E. PARK AVENUE  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

244 E. PARK AVENUE  
LAKE WALES, FL 33853

## New Mailing Address:

FEI Number: 83-0282223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFF, TULA MICHELE ESQ  
3399 CYPRESS GARDENS ROAD, STE. C  
WINTER HAVEN, FL 33884 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUMFELT, THOMAS B  
Address: 244 E. PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: MATHEWSON, ANTHONY K  
Address: 244 E. PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: DS ( ) Delete  
Name: BRADLEY, HELENE  
Address: 244 E. PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: P ( ) Delete  
Name: MATHEWSON, ANTHONY K  
Address: 244 E. PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: VP ( ) Delete  
Name: LARSON, MARY R  
Address: 900 WERNER COURT, STE. 200  
City-St-Zip: CASPER, WY 82601

Title: T ( ) Delete  
Name: HALSCH, JAMES A  
Address: PO BOX 77849  
City-St-Zip: GREENSBORO, NC

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ANTHONY K. MATHEWSON

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date