

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03628

Entity Name: RAMCOR, INC.

FILED
Jul 31, 2007
Secretary of State

Current Principal Place of Business:

951 W. INDIES DR.
PO BOX 151
SUMMERLAND KEY, FL 33042 US

New Principal Place of Business:

951 W. INDIES DR.
SUMMERLAND KEY, FL 33042 US

Current Mailing Address:

951 W. INDIES DR.
PO BOX 151
SUMMERLAND KEY, FL 33042 US

New Mailing Address:

FEI Number: 59-2217173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONTIN, CHRISTINE W.
951 WEST INDIES DR
RAMROD KEY, FL 33042 US

Name and Address of New Registered Agent:

PONTIN, HERBERT T
951 W. INDIES DR
SUMMERLAND, FL 33042 US

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: HERBERT T. PONTIN

07/31/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PONTIN, HERBERT T.,
Address: 951 E. INDIES DR.
City-St-Zip: RAMROD KEY, FL

Title: D (X) Delete
Name: PONTIN, CHRISTINE W.,
Address: 951 W. INDIES DR.
City-St-Zip: RAMROD KEY, FL

Title: D () Delete
Name: PONTIN, DALE H.,
Address: 951 W. INDIES DR.
City-St-Zip: RAMROD KEY, FL

Title: D (X) Delete
Name: PONTIN, LANCE K.,
Address: 951 W. INDIES DR.
City-St-Zip: RAMROD KEY, FL

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:

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

SIGNATURE: HERBERT T. PONTIN

PD

07/31/2007

Electronic Signature of Signing Officer or Director

Date