

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90052 049 ***150.00

DOCUMENT # F97000006658

1. Entity Name

RAMCO ENGINEERING, INC-



DO NOT WRITE IN THIS SPACE

44004102

2. Principal Place of Business

52965 FREDERIC DR.

3. Mailing Address

52965 FREDERIC DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELKHART, IN

City & State

ELKHART, IN

4. FEI Number

35-1412829

Applied For

Not Applicable

Zip

46514

Country

USA

Zip

46514

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

REED, EDWARD W.

Street Address (P.O.-Box Number is Not Acceptable)

401 MALLORY COURT

City

NAPLES

FL

Zip Code

34110

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

C
REED, EDWARD W.
401 MALLORY COURT
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
RYAN, DEE ANNA
52965 FREDERIC DR.
ELKHART, IN 46514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
REED, DEANNA K.
401 MALLORY COURT
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEE ANNA RYAN, PRESIDENT

1-20-04 (574) 266-1455

Date

Daytime Phone #

CR2E034B (12/02)