## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F98000004583

1. Entity Name

RAMPART HYDRO SERVICES, INC.



Mailing Address

Principal Place of Business 530 MOON CLINTON ROAD CORAOPOLIS, PA 15108

530 MOON CLINTON ROAD CORAOPOLIS, PA 15108

### FILED Jan 22, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/0

4. FEI Number 25-1805027

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301

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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 tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  LICITORICATION						
	FILE NOW!!! FEE IS \$150.00 r May 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees	01/23/07-80034-009	150.00
10.	OFFICERS AND DIRECTORS			` .	, .	
TITLE	PDTS		, ,			**

#### NEWBOLD, BETH W STREET ADDRESS 530 MOON CLINTON ROAD CITY-ST-ZIP CORAOPOLIS, PA 15108 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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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 affacility with agraddress, with all gilber like appropried.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

4,2-262-4511

Daytime Phone #