

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L65185

FILED
Jan 08, 2004
Secretary of State

Entity Name: RAMAR INDUSTRIES, INC. OF PINELLAS

Current Principal Place of Business:

902 LIVE OAK ST
TARPON SPRINGS, FL 346894140

New Principal Place of Business:

902 LIVE OAK ST
TARPON SPRINGS, FL 34689

Current Mailing Address:

902 LIVE OAK ST
TARPON SPRINGS, FL 346894140

New Mailing Address:

PO BOX 520
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2996400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKER, ROY E.
902 LIVE OAK ST
TARPON SPRINGS, FL 33589

Name and Address of New Registered Agent:

KARANTONIS, PETER
902 LIVE OAK ST
TARPON SPRINGS, FL 34689

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: PETER KARANTONIS

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: BAKER, ROY E.,
Address: 902 LIVE OAK ST
City-St-Zip: TARPON SPRINGS, FL

Title: PD (X) Delete
Name: SHARRITTS, JAMES L.,
Address: 902 LIVE OAK ST
City-St-Zip: TARPON SPRINGS, FL

Title: STD (X) Delete
Name: BAKER, MARGERY,
Address: 902 LIVE OAK ST
City-St-Zip: TARPON SPRINGS, FL

Title: D (X) Delete
Name: SHARRITTS, CAROL,
Address: 902 LIVE OAK ST
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KARANTONIS, PETER
Address: 902 LIVE OAK ST
City-St-Zip: TARPON SPRINGS, FL 34689

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: PETER KARANTONIS

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date