

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 009 ***150.00

DOCUMENT # M00576

1. Entity Name
JOHN H. RAMSEY & COMPANY



Principal Place of Business
**2655 S LEJEUNE RD PH-1D
CORAL GABLES, FL 33134-5827**

Mailing Address
**2655 S LEJEUNE RD PH-1D
CORAL GABLES, FL 33134-5827**

54057492



03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2422885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOUNDS, BRUCE M
2655 S LEJEUNE RD PH-1D
CORAL GABLES, FL 33134-5827**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RAMSEY, JOHN H. 2655 S LEJEUNE RD PH-1D PO BOX 295 CORAL GABLES, FL 33134-5827 SARASOTA FL 34230-0295
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUNDS, BRUCE M. 2655 S LEJEUNE RD PH-1D CORAL GABLES, FL 33134-5827
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H RAMSEY

6/10/04

Date

941 330 1461

Daytime Phone #