


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 Mailing Address
 2655 S LEJEUNE RD PH-1D 2655 S LEJEUNE RD PH-1D
 CORAL GABLES, FL 33134-5827 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 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 _____ (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 CORAL GABLES, FL 33134-5827
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: John H Ramsey **JOHN H RAMSEY** 6/10/04 941 330 1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #