


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M99080 1. Entity Name R.A.M. ELECTRIC, INC.		
Principal Place of Business 4445 SARASOTA AVE. SARASOTA, FL 34234 US	Mailing Address 4445 SARASOTA AVE. SARASOTA, FL 34234 US	

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0070517	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEEKS, RONALD A.
4445 SARASOTA AVE
SARASOTA, FL 34234

**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 \$550.00
Due by September 12, 2008**

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	PVPS MEEKS, RONALD A. 4445 SARASOTA AVE SARASOTA, FL 34234
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07/15/08-80001-017 558.75

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with an other like empowered.

SIGNATURE: _____

Ronald A. Meeks, President

7-11-8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #