2004 FOR PROFIT CORPORATION ANNUAL REPORT

CICMATIDE.

Feb 02, 2004 8:00 am **Secretary of State DOCUMENT # P00000082486** 1. Entity Name 02-02-2004 90022 028 ***150.00 RAMBOZE, INC. Principal Place of Business Mailing Address 1233 EDENDRIVE 1233 EDEN DRÍVE 24005823 SAINT PETERSBURG, FL 33704 8022 STIMIE AVE NO. ST. PETERS BURG, FIA. 33710 SAINT PETERSBURG, FL 33704 8022 STIMIE AVE. NO. ST. PETERSBORG, FIA .33710 2. Principal Place of Business 3. Mailing Address SOZZ STIMI AVE. NO. 8022 Stimie AV€ Suite, Apt. #. etc. Suite, Apt. #, etc. 01272004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number ST. PETERSBURG, FIA ST. PETERS BURG, FIA 59-3673740 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33710 USA 33710 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O. BOZEMAN III WILLIAM FISHER, BEN E Street Address (P.O. Box Number is Not Acceptable) 8022 STIMIE AVE. No. 100 SECOND AVE SO SUITE 102 SAINT PETERSBURG, FL 33701 S Zip Code 33710 CityST. PETERSBURG 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 WILLIAM O. BOZEMAN Lonan-Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CCEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOZEMAN, WILLIAM O III NAME NAME STREET ADDRESS 8022 STIMIE AVE N STREET ADDRESS CITY-ST-71P SAINT PETERSBURG, FL 33710 CITY-ST-7IP ☐ Change ☐ Addition 1171 F TITLE Delete FISHER, BEN E NAME NAME STREET ADDRESS 720 BRIGHTWATERS BLVD NE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL. 33704 DITY-ST-7IP DGC TITLE Delete TITLE ☐ Change ☐ Addition GATCHELL, DAVID A STREET ADDRESS 11310 THONOTOSASSA RD STREET ADDRESS CITY-ST-78P THONOTOSASSA, FL 33592 CITY-ST-7IP TITLE Delete TTTLE ☐ Change ☐ Addition **BOZEMAN, ROBERT C** NAME STREET ADDRESS 6400 CENTRAL AVE STREET ADDRESS SAINT PETERSBURG, FL 33707 CITY-ST-71P City- st-7iP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filling 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 eath; 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.

FILED

1-28-04