

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90070 005 ***150.00

DOCUMENT # P00000082486					
1. Entity Name RAMBOZE, INC.					
Principal Place of Business 8022 STIMIE AVE NO. SAINT PETERSBURG, FL 33710			Mailing Address 8022 STIMIE AVE NO. SAINT PETERSBURG, FL 33710		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3673740	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOZEMAN, WILLIAM O III 8022 STIMIE AVE NO. S SAINT PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO BOZEMAN, WILLIAM O III <input type="checkbox"/> Delete 8022 STIMIE AVE N SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCIO <input checked="" type="checkbox"/> Delete BOZEMAN, ROBERT C 6400 CENTRAL AVE SAINT PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC <input type="checkbox"/> Delete SANDRA W. BOZEMAN 8022 STIMIE AVE NO. SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William O. Bozeman III</i> WILLIAM O. BOZEMAN III, CEO 1-27-05 (727) 343 6005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
2000628
#744390

DIRECTORS:

SAMORASYK, CAROL
5414 LELANI DRIVE
ST PETERSBURG BEACH, FLORIDA

SCHOONOVER, LYNDA
1920 ARROWHEAD DRIVE
ST PETERSBURG, FLORIDA 33703

WILLIAMS, FRAN
104 BAY POINT DRIVE N.E.
ST PETERSBURG, FLORIDA

KARLA BARD
5920 13TH AVE NORTH
ST PETERSBURG, FLORIDA 33710

LYNN CURRY
5522 13TH AVE. SO.
GULFPORT FLORIDA, 33707