


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000083588
 1. Entity Name
 RAM MARINE SERVICES, INC.



Principal Place of Business Mailing Address
 494 RIVERVIEW DR. 494 RIVERVIEW DR.
 NOKOMIS, FL 34275 NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1036444 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SILBERSTEIN, DAVID M
 720 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

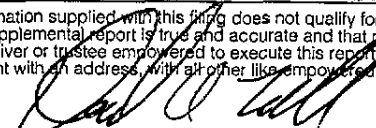
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOWELL, DAVID A
STREET ADDRESS	494 RIVERVIEW DR., STE. B
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	LOWELL, DAVID A
STREET ADDRESS	494 RIVERVIEW DR., STE. B
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	S
NAME	LOWELL, DAVID A
STREET ADDRESS	494 RIVERVIEW DR., STE. B
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	T
NAME	LOWELL, DAVID A
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/19/05-80013-019 150.00

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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:  1-13-05 941-716-4709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #