## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2004 8:00 am Secretary of State DOCUMENT # P01000063549 1. Entity Name 02-27-2004 90032 016 \*\*\*150.00 R. B. RAMOS, INC. Principal Place of Business Mailing Address PO BOX 464 PO BOX 464 VALRICO FL 33595 VALRICO FL 33595 2. Principal Place of Business Mailing Address YO BOX Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For 60-0001314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired , 🗆 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAMOS, R. B. 2804 KIMMI TREE LN **BRANDON FL 33594** 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMOS, R. B. NAME NAME STREET ADDRESS 2804 KIMMI TREE LN STREET ADDRESS CITY-ST-ZIP BRANDON FL 33594 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED