

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000066405	
1. Entity Name RAMOCER, INC.	

Principal Place of Business % ALL SAFE MINI STORAGE 190 S. LOWDER ST. MACLENNY, FL 32063	Mailing Address % ALL SAFE MINI STORAGE 190 S. LOWDER ST. MACLENNY, FL 32063
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CERNICKY, ALLEN
 6229 W THOMAS CIRCLE
 MACCLENNY, FL 32063

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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, 2004 Fee will be \$550.00

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

U00000026081
 02/02/04-80131-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERNICKY, ALLEN 6229 W THOMAS CIRCLE MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERNICKY, RAMONA 6229 W THOMAS CIRCLE MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Allen Y. Cernicky ALLEN Y. CERNICKY 1/30/04 904-259-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #