

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90003 016 ***150.00

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3743102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERNICKY, ALLEN
6229 W THOMAS CIRCLE
MACLENNY FL 32063

7. Name and Address of New Registered Agent

Name

ALLEN V. CERNICKY

Street Address (P.O. Box Number is Not Acceptable)

317 SE ROSEWOOD CIRCLE

City

LAKE CITY

FL

Zip Code

32025

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CERNICKY, ALLEN
STREET ADDRESS 6229 W THOMAS CIRCLE
CITY-ST-ZIP MACLENNY FL 32063

TITLE D ☐ Delete
NAME CERNICKY, RAMONA
STREET ADDRESS 6229 W THOMAS CIRCLE
CITY-ST-ZIP MACLENNY FL 32063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ALLEN V. CERNICKY
STREET ADDRESS 317 SE ROSEWOOD CIRCLE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 317 SE ROSEWOOD CIRCLE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

ALLEN V. CERNICKY

Date

Daytime Phone #

2/20/06

904-259-3565