
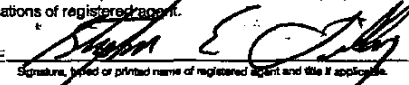
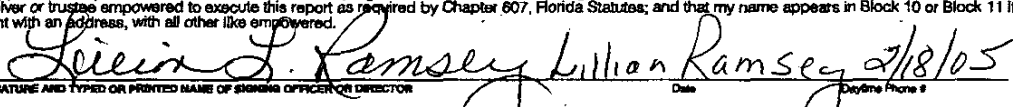


From: STEPHEN E. TILLEY, CPA, PA 904 730 7090

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90031 024 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000054141</b>			
1. Entity Name <b>RAMONT ENTERPRISES, INC.</b>			
Principal Place of Business <b>11792 SAN JOSE JACKSONVILLE, FL</b>		Mailing Address <b>11792 SAN JOSE JACKSONVILLE, FL</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TILLEY, STEPHEN E</b> <b>4206 BAYMEADOWS RD</b> <b>JACKSONVILLE, FL 32217</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>4465 Baymeadows Rd, Ste. 3</b> City <b>Jacksonville</b> FL Zip Code <b>32217</b>	
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	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTGOMERY, MICHAEL</b>	NAME	
STREET ADDRESS	<b>11792 SAN JOSE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMSEY, MICHAEL</b>	NAME	
STREET ADDRESS	<b>11792 SAN JOSE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMSEY, LILLIAN</b>	NAME	
STREET ADDRESS	<b>11792 SAN JOSE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(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: 		DATE: <b>2/18/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

50017727



02142005 Chg-P CR2E034 (10/03)

4. FEI Number **72-1525155** Applied For  Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE TIME HEREIN