# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054141

**Entity Name:** RAMONT ENTERPRISES, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 1109 CREEKWOOD WAY NORTH<br>JACKSONVILLE, FL 32259 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 1109 CREEKWOOD WAY NORTH<br>JACKSONVILLE, FL 32259 | |

FEI Number: 72-1525155        FEI Number Applied For ( )        FEI Number Not Applicable ( )        Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| RAMSEY, MICHAEL C<br>1109 CREEKWOOD WAY NORTH<br>JACKSONVILLE, FL 32259    US | |

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.

SIGNATURE: _____

                           Electronic Signature of Registered Agent                           Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:        D       ( ) Delete<br>Name:    MONTGOMERY, VIOLET<br>Address:   1317 BLACKMON ROAD<br>City-St-Zip:  GREEN COVE SPRINGS, FL 32043 | Title:                ( ) Change ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |
| Title:        D       ( ) Delete<br>Name:    RAMSEY, MICHAEL<br>Address:   1109 CREEKWOOD WAY NORTH<br>City-St-Zip:  JACKSONVILLE, FL 32259 | Title:                ( ) Change ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |
| Title:        D       ( ) Delete<br>Name:    RAMSEY, LILLIAN<br>Address:   1109 CREEKWOOD WAY N.<br>City-St-Zip:  JACKSONVILLE, FL 32259 | Title:                ( ) Change ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  LILLIAN RAMSEY                           D                    05/01/2008

              Electronic Signature of Signing Officer or Director                            Date