

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000050638

1. Entity Name
RAMAR REALTY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
1990 LANDINGS BLVD
SARASOTA, FL 34231

Mailing Address
PO BOX 20708
SARASOTA, FL 34276



04202005 No Chg-P CR2E034 (1Q/03)

4. FEI Number
20-0016364

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

000000347041
04/30/05-80100-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, ROBERT A JR.
STREET ADDRESS 1990 LANDINGS BLVD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VST
NAME JOHNSTON, ANDREW T
STREET ADDRESS 1990 LANDINGS BLVD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Robert A Morris, Jr.

ROBERT A MORRIS, JR, PRES 04/25/05 941-923-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #