## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P03000050638 04-30-2008 90194 019 \*\*\*150.00 1. Entity Name RAMAR REALTY OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address **0000000000** PO BOX 20708 1921 MONTE CARLO DRIVE **UNIT 703** SARASOTA, FL 34276 SARASOTA, FL 34231 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04182008 Cha-P 4. FEI Number Applied For City & State City & State 20-0016364 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE SARASOTA, FL 34236 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change **Addition** ☐ Delete TITLE TITLE MORRIS, JR., ROBERT A NAME NAME LASKY, HAROLD 1921 MONTE CARLO DRIVE UNIT 703 STREET ADDRESS STREET ADDRESS 1921 MONTE CARLO DR, UNIT 703 SARASOTA, FL/34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 Change Addition VST TITLE ☐ Delete TITLE MORRIS, ROBERT A III NAME NAME 1921 MONTE CARLO DRIVE UNIT 703 STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change ☐ Addition Delete TITLE TITLE **GUTHRIE, CHRISTINE** NAME NAME 1921 MONTE CARLO DRIVE UNIT 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

OFFICER OR DIRECTOR

ROBERT A. MORRIS, JR, PRESIDENT

04/21/2008

941-923-6353

Date

Davtime Phone #

FILED