## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P03000127839** 1. Entity Name RICK WARRAM, INC.

Principal Place of Business

7417 S TULIP TREE PUNTA GORDA, FL 33955 Mailing Address

16256 QUESA DR PUNTA GORDA, FL 33955

## **FILED** Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90360 045 \*\*\*150.00

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No Cha-P

CR2E034 (11/05)

4. FEI Number 20-0404869 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WARRAM, RICK ALLAN 16256 QUESA DR PUNTA GORDA, FL 33955

## DO NOT WRITE IN THIS SPACE

				IIV 1	INIS 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					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICK, WARRAM 16256 QUESA DR PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D