


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000130705 1. Entity Name RAM/PJP II, INC.																													
Principal Place of Business 26212 MADRAS CT. CHARLOTTE HARBOR, FL 33983			Mailing Address 26212 MADRAS CT. CHARLOTTE HARBOR, FL 33983																										
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																									
SEIDER, WILLIAM 200 SOUTH ORANGE AVE. SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when re-registering) <small>Signature typed or printed name of registered agent and title if applicable</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">VSTD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORRIS, ROBERT A JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>26212 MADRAS COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CHARLOTTE HARBOR, FL 33983</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PALMER, PHILIP J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>26212 MADRAS COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CHARLOTTE HARBOR, FL 33983</td> <td></td> </tr> </table> </div> </div>						TITLE	VSTD	<input type="checkbox"/> Delete	NAME	MORRIS, ROBERT A JR.		STREET ADDRESS	26212 MADRAS COURT		CITY - ST - ZIP	CHARLOTTE HARBOR, FL 33983		TITLE	PD	<input type="checkbox"/> Delete	NAME	PALMER, PHILIP J		STREET ADDRESS	26212 MADRAS COURT		CITY - ST - ZIP	CHARLOTTE HARBOR, FL 33983	
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04142004 Chg-P CR2E034 (10/03)

4. FCI Number
20-0558982
Applied For
Not Applicable

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

U000000129503
04/26/04-80081-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:  **4/19/04** **941-764-4055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #