


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90003 010 \*\*\*150.00

<b>DOCUMENT # P04000040416</b> 1. Entity Name <b>RAM CONTRACTING SERVICES, INC.</b>					
Principal Place of Business <b>6755 CHERRY GROVE CIRCLE</b> <b>ORLANDO, FL 32809 US</b>			Mailing Address <b>6755 CHERRY GROVE CIRCLE</b> <b>ORLANDO, FL 32809 US</b>		
2. Principal Place of Business <b>12825 Kirby Smith Rd.</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>ORLANDO, Florida</b>			City & State		
Zip <b>32832</b>		Country <b>USA</b>		Zip	
Country		Country		4. FEI Number <b>20-0841083</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAMSEY, JEFF S</b> <b>6755 CHERRY GROVE CIRCLE</b> <b>ORLANDO, FL 32809</b>				Name <b>JEFF S RAMSEY</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>12825 Kirby Smith Road</b>	
				City <b>Orlando</b>	
				State <b>FL</b>	
				Zip <b>32832</b>	
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: <i>[Signature]</i> / President <b>3/19/06</b> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RAMSEY, ELIZABETH A</b> <b>6755 CHERRY GROVE CIRCLE</b> <b>ORLANDO, FL 32809</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12825 KIRBY SMITH RD</b> <b>ORLANDO, FL. 32832</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> / President <b>3/19/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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