

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098334

FILED
Apr 28, 2009
Secretary of State

Entity Name: RAMSGATE INSURANCE, INC.

Current Principal Place of Business:

244 E PARK AVENUE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

244 E PARK AVENUE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 83-0282223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFF, TULA M ESQ
3399 CYPRESS GARDENS RD SUITE C
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUMFELT, THOMAS B
Address: 244 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: STD () Delete
Name: BRADLEY, HELENE
Address: 244 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: VPD (X) Delete
Name: SWING, JAMES E
Address: 244 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: EXVP () Delete
Name: SHAW, HUGH D
Address: 244 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS B. RUMFELT

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date