2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P05000139188

1. Entity Name

RAMSEY'S REAL ESTATE & DEVELOPMENT INC.

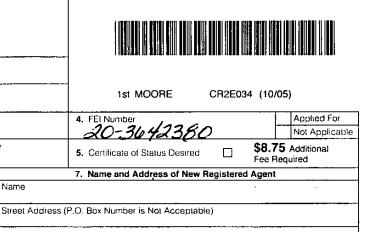


Principal Place of Business Mailing Address 9225 BRINDLEWOOD DR 9225 BRINDLEWOOD DR ODESSA FL 33556 ODESSA FL 33556

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Ζίρ Country Country

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

04-03-2006 90403 043 ***150.00



City Zip Code named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida or diregistered agent 8. The abov I am familiar with, and accept

SIGNATURE

the onligato

RAMSEY, VERNA D

9225 BRINDLEWOOD DR ODESSA FL 33556

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating

Name

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition THE NAME RAMSEY, FREEARTHUR JR NAME STREET ADDRESS STREET ADDRESS 9225 BRINDLEWOOD DR CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change ☐ Addition TITLE ☐ Delete TITLE NAME RAMSEY, VERNA D NAME STREET ADDRESS 9225 BRINDLEWOOD DR STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 City-ST-7/P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE TITLE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affect as if made under oath; that I am an officer or director of the corporation. 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 abachment with an address, with all other like empowered.

SIGNATURE: