2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2007 8:00 am
Secretary of State
03-05-2007 90063 045 ***150.00

DOCUMENT # P06000020908

1. Entity Name
RAMSIDTOR ENTERPRISES, INC

66007097

Principal Place of Business	Mailing Address
4325 MENDAVIA DRIVE SEBRING, FL 33872	P O BOX 3304 SEBRING, FL 33871

01162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4995 Savona Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Sebring, FL	City & State
Zip: 33872 Country: US	Zip / Country

4. FEI Number: 20-4281730 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORNICK, RAYMOND
4325 MENDAVIA DRIVE
SEBRING, FL 33872

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4995 Savona Dr.
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HORNICK, RAYMOND 4325 MENDAVIA DRIVE SEBRING, FL 33872 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4995 Savona Dr.
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07 Date
(863) 382-3352 Daytime Phone #