


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000070719

1. Entity Name
RAMS LAND CONSULTING CORPORATION



Principal Place of Business Mailing Address
222 US HIGHWAY 1 SUITE 208 **222 US HIGHWAY 1 SUITE 208**
TEQUESTA FL 33469 **TEQUESTA FL 33469**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **20-4948945** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

CHERRY, RICHARD G
8409 N MILITARY TRAIL SUITE 123
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE-NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SHAW, ROBERT J
STREET ADDRESS	222 US HIGHWAY 1 SUITE 208
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	D <input type="checkbox"/> Delete
NAME	SOWDEN, RICHARD W
STREET ADDRESS	222 US HIGHWAY 1 SUITE 208
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL J
STREET ADDRESS	1568 WATERTOWER RD
CITY-ST-ZIP	LAKE PARK FL 33403
TITLE	D <input type="checkbox"/> Delete
NAME	MOORE, JEFFREY J
STREET ADDRESS	1568 WATERTOWER RD
CITY-ST-ZIP	LAKE PARK FL 33403
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000835960
CITY-ST-ZIP	02/29/08-80055-022 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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, and all other like empowered.

SIGNATURE:  **2/20/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR