2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# P08000082415

Entity Name: RAMCO PROTECTIVE OF ORLANDO, INC.

Current Principal Place of Business:

401 CENTER POINTE CIR
SUITE 1527
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

401 CENTER POINTE CIR
SUITE 1527
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 26-3803223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOFFA, JOSEPH
ONE FINANCIAL PLAZA
2202
FORT LAUDERDALE, FL 33394 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEPOY, TRINA M
Address: ONE FINANCIAL PLAZA SUITE # 2202
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: P ( ) Delete
Name: WALFISH, ADAM
Address: 1909 SUNSET PALM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: WALFISH, ADAM
Address: 1909 SUNSET PALM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: PD ( ) Change (X) Addition
Name: NEGRI, COREY
Address: ONE FINANCIAL PLAZA SUITE # 2202
City-St-Zip: FORT LAUDERDALE, FL 33394

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: COREY NEGRI PD 10/08/2009

Electronic Signature of Signing Officer or Director — Date