

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 26, 2005 08:00 AM  
Secretary of State**



**DOCUMENT # P92000006528**

1. Entity Name

**THE RAM REALTY GROUP, INC.**

Principal Place of Business

6352 SHADOW CREEK VILLAGE CR  
LAKE WORTH FL 33463  
US

Mailing Address

6352 SHADOW CREEK VILLAGE CR  
LAKE WORTH FL 33463  
US

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**65-0371543**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, KENNETH E  
6352 SHADOW CREEK VG CR  
LAKE WORTH FL 33463**

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

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, 2005 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: PD  Delete  
NAME: FORMAN, KENNETH E  
STREET ADDRESS: 6352 SHADOW CREEK VG CR  
CITY- ST- ZIP: LAKE WORTH FL

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:  Delete  
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CITY- ST- ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP: U00000196403  
01/26/05-80067-014 150.00

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:  Change  Addition  
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STREET ADDRESS:  
CITY- ST- ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/05 561-963-2719

Date

Daytime Phone #