

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90083 025 ***150.00

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1. Entity Name

R.A.M. CONSULTING & INVESTMENTS, INC.



Principal Place of Business

16011 NORTH NEBRASKA
#107
LUTZ FL 33549
US

Mailing Address

P.O. BOX 17135
STE 104
TAMPA FL 33682
US

20013360



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

15220 LEITH WALK LANE

3. Mailing Address

P.O. BOX 17135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3174022

Applied For

Not Applicable

Zip

33618

Country

HILLSBOROUGH

Zip

33682

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURLONG, RICHARD A
16011 NORTH NEBRASKA, #107
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name RICHARD FURLONG

Street Address (P.O. Box Number is Not Acceptable)

15220 LEITH WALK LANE

City

TAMPA

FL

Zip Code
33618

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

01-31-2005

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 FURLONG, RICHARD A
STREET ADDRESS 1019 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA FL 33613

TITLE VP ☐ Delete
NAME FURLONG, CLAUDIA
STREET ADDRESS 1019 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 15220 LEITH WALK LANE
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15220 LEITH WALK LANE
CITY-ST-ZIP TAMPA, FL 33618

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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 119.07(3)(i), 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

01-31-2005 813-287-9996

Date

Daytime Phone #