

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029298

FILED  
Jan 25, 2008  
Secretary of State

**Entity Name:** RAMS AVIATION OF ORMOND BEACH, INC.

**Current Principal Place of Business:**

770 AIRPORT RD.  
HANGER 13  
ORMOND BCH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

770 AIRPORT RD.  
HANGER 13  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3236527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMKE, RICHARD  
770-13 AIRPORT RD  
ORMOND BCH, FL 32174 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** LEMKE, RICHARD W  
**Address:** 770-13 AIRPORT RD.  
**City-St-Zip:** ORMOND BCH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** RICHARD LEMKE

PRES

01/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date