

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000055392**

1. Entity Name

**\*RAMROD FORT LAUDERDALE, INC.**



Principal Place of Business

**1508 N.E. 4TH AVE  
FORT LAUDERDALE, FL 33305**

Mailing Address

**1508 N.E. 4TH AVE  
FORT LAUDERDALE, FL 33305**

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0507734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LIVOTI, ANTHONY M JR.  
721 N.E. 3 AVE.  
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE  
IN THIS SPACE**

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: \$500.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
WHITNEY, STEPHEN  
707 N.E. 20TH AVENUE  
FORT LAUDERDALE, FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVPT  
ENTERLINE, JACK L  
707 N.E. 20TH AVE  
FT. LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
ENTERLINE, J L  
707 NE 20 AVE  
FT LAUD, FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000563151  
05/19/06-80083-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

*Stephen Whitney* President **Stephen Whitney**

**5/1/06**

**954 763 8219**