

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060407

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** RAMSEYS' PRINTING AND OFFICE PRODUCTS, INC.

**Current Principal Place of Business:**

209 REID AVENUE  
PORT ST JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

209 REID AVENUE  
PORT ST JOE, FL 32456 US

**New Mailing Address:**

**FEI Number:** 59-3383815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMSEY, WILLIAM H  
1004 MARVIN AVE  
PORT ST JOE, FL 32456 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: D ( ) Delete  
Name: RAMSEY, SHIRLEY  
Address: 1004 MARVIN AVE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: RAMSEY, ERIC B  
Address: 524 7TH ST  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: RAMSEY, WILLIAM H  
Address: 1004 MARVIN AVE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: RAMSEY, JR., WILLIAM H  
Address: 395 PLANTATION DR  
City-St-Zip: PORT SAINT JOE, FL 32456

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

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

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

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

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

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

Title: P ( ) Change (X) Addition  
Name: RAMSEY, WILLIAM H  
Address: 1004 MARVIN AVENUE  
City-St-Zip: PORT ST JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the 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:** SHIRLEY RAMSEY

D

04/18/2007

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

\_\_\_\_\_  
Date