

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060407

FILED
Apr 08, 2008
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: P (X) Delete
Name: RAMSEY, WILLIAM H
Address: 1004 MARVIN AVENUE
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHIRLEY RAMSEY

DIR

04/08/2008

Electronic Signature of Signing Officer or Director

Date