


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # S57730 1. Entity Name RAMSEY MANAGEMENT, INC. |  |
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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 4021 WHISKEY POINT LN UNIT 203 BONITA SPRINGS, FL 34134 | Mailing Address 4021 WHISKEY POINT LN UNIT 203 BONITA SPRINGS, FL 34134 |
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0279101 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

MARYBETH ANDERST, P.A. N
27771 TENNESSEE ST #
BONITA SPRINGS, FL 34135

**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 IS \$150.00
After May 1, 2005 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 | P LANGLOIS, BERNARD P. 427 KIRKWOOD DR SUDBURY ONTARIO CAN, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LANGLOIS, DAVID M. 880 CORSI HILL SUDBURY ONTARIO CAN, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/04/05-80042-025 150.00

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IN THIS SPACE**

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:

BERNARD LANGLOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19/05

Date

705-671-8000

Daytime Phone #