


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S83797</b> 1. Entity Name <b>RAMP TAPERED PANELS, INC.</b>	
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Principal Place of Business 2360 OLD TOMOKA RD ORMOND BEACH, FL 32174	Mailing Address 2360 OLD TOMOKA RD ORMOND BEACH, FL 32174
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01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3093500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MASON JR, JOSEPH C.  
18157 US HWY 19 N  
SUITE 150  
CLEARWATER, FL 34624-6588

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	D AHRENS, ROBERT 2360 OLD TOMOKA RD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMERSTEN, MIKE 371 ROBERTS RD OLDSMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHE, CHRIS 2360 OLD TOMOKA RD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000183157  
01/19/05-80057-018 150.00

**DO NOT WRITE  
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)(f), 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:** Chris Bache CHRIS BACHE

1-13-05

Date Daytime Phone #