


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90063 002 \*\*\*150.00

<b>DOCUMENT # V27231</b>	
1. Entity Name <b>RAMROD, INC.</b>	

Principal Place of Business <b>27300 OVERSEAS HIGHWAY RAMROD KEY, FL 33042-5410 US</b>	Mailing Address <b>27300 OVERSEAS HIGHWAY RAMROD KEY, FL 33042-5410 US</b>
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40040000

2. Principal Place of Business <b>30752 Palm Drive</b>	3. Mailing Address <b>30752 Palm Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02042005 Chg-P CR2E034 (10/03)

City & State <b>Big Pine Key</b>	City & State <b>Big Pine Key, FL</b>
Zip <b>33043</b>	Zip <b>33043</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0464958</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MOORE, ELAINE G 30752 PALM DRIVE BIG PINE KEY, FL 33043</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAMES E., SR. 30752 PALM DRIVE BIG PINE KEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, ELAINE G. 30752 PALM DRIVE BIG PINE KEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JAMES E., JR. 3398 JASMINE VINE CT LAS VEGAS, NV 89135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUMMINS, KAREN ELIZABETH 9300 CONCORD ROAD SAINT CLOUD, FL 34773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elaine G. Moore **Elaine G. MOORE** 02/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-872-2302