

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # V27231

1. Entity Name
RAMROD, INC.



Principal Place of Business
**30752 PALM DRIVE
BIG PINE KEY, FL 33043 US**

Mailing Address
**30752 PALM DRIVE
BIG PINE KEY, FL 33043 US**



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0464958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, ELAINE G
30752 PALM DRIVE
BIG PINE KEY, FL 33043**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, JAMES E., SR.
STREET ADDRESS	30752 PALM DRIVE
CITY-ST-ZIP	BIG PINE KEY, FL
TITLE	TD
NAME	MOORE, ELAINE G.
STREET ADDRESS	30752 PALM DRIVE
CITY-ST-ZIP	BIG PINE KEY, FL
TITLE	VD
NAME	MOORE, JAMES E., JR.
STREET ADDRESS	3398 JASMINE VINE CT
CITY-ST-ZIP	LAS VEGAS, NV 89135
TITLE	SD
NAME	CUMMINS, KAREN ELIZABETH
STREET ADDRESS	9300 CONCORD ROAD
CITY-ST-ZIP	SAINT CLOUD, FL 34773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80016-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **TD Elaine G. Moore** 04/06/07 305-812-2302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #