

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082415

Entity Name: RAMCO PROTECTIVE OF ORLANDO, INC.**Current Principal Place of Business:**718 NORTHLAKE BLVD,
SUITE 1020
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**718 NORTHLAKE BLVD,
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 26-3803223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOFFA, JOSEPH
100 WEST CYPRESS CREEK ROAD,
930
FORT LAUDERDALE, FL 33309 US*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**Officer/Director Detail :**

Title	TREASURER
Name	NEGRI, TRINA M
Address	100 WEST CYPRESS CREEK ROAD 930
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VP
Name	WALFISH, ADAM
Address	100 WEST CYPRESS CREEK ROAD, 930
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PD
Name	NEGRI, COREY
Address	100 WEST CYPRESS CREEK ROAD, 930
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	SECRETARY
Name	TRINA , NEGRI M
Address	100 WEST CYPRESS CREEK ROAD, 930
City-State-Zip:	FORT LAUDERDALE FL 33309

I hereby 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 all other like empowered.

SIGNATURE: COREY NEGRI

PRESIDENT

03/22/2022

Electronic Signature of Signing Officer/Director Detail_____
Date