

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 685536

1. Entity Name

CRAMER CORPORATION



Principal Place of Business

6201-6211 N. NEBRASKA AVE.
TAMPA FL 33604

Mailing Address

6201-6211 N. NEBRASKA AVE.
TAMPA FL 33604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CRZE034 (10/05)

4. FEI Number
59-2034299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAMER, NANCY H
6201 N. NEBRASKA AVE.
TAMPA FL 33604

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CRAMER, NANCY	
STREET ADDRESS	6201-6211 N. NEBRASKA AV	
CITY- ST- ZIP	TAMPA FL	
TITLE	VD	☐ Delete
NAME	CRAMER, TERENCE SR.	
STREET ADDRESS	6201-6211 N. NEBRASKA AV	
CITY- ST- ZIP	TAMPA FL	
TITLE	VD	☐ Delete
NAME	CRAMER, TERENCE JR.	
STREET ADDRESS	6201-6211 N. NEBRASKA AV	
CITY- ST- ZIP	TAMPA FL	
TITLE	ST	☐ Delete
NAME	BACKSTROM, CANDICE	
STREET ADDRESS	6201-6211 N. NEBRASKA AV	
CITY- ST- ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	UN00000435886	
STREET ADDRESS	02/27/06-80010-001 300.00	
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy H Cramer* *2-14-2006* *8139613318*