## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # M83146**

1. Entity Name

SALLY KRAMER'S FURNITURE COLLECTION, INC.



**FILED** Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

128 S BARFIELD

MARCO ISLAND, FL 34145-5142

Mailing Address

128 S BARFIELD

MARCO ISLAND, FL 34145-5142



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02072007 Applied For 4. FEI Number 65-0051876 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

KRAMER, SALLY J. 128 SOUTH BARFIELD DR MARCO ISLAND, FL 34145

## DO NOT WRITE IN THIS SPACE

| the obligati  | named entity submits this statement for the pions of registered agent.   | ourpose of changing its registered                   | t office or r   | egistered agent, or bot        | th, in the State of Florida. I am familiar with, and accept |
|---|--|--|-----------------|--------------------------------|---|
| SIGNATURE_  | Signature, typed or privited name of registered agent and title          | if applicable. (NOTE: Registered /                   | Agent signeture | required when roinstating)     | DATE  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |  | Election Campaign Financ<br>Trust Fund Contribution. | ing 📮           | \$5.00 May Be<br>Added to Fees |   |
| 10.   | OFFICERS AND DIREC   | CTORS  |                 |                                |   |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP                             | P<br>KRAMER, SALLY J.<br>128 SOUTH BARFIELD DR<br>MARCO ISLAND, FL 34145 |  |                 |                                | U00000732841<br>05/09/07~80062~003 150.00                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZSP                                 | ,  |  |                 |                                | 00000 00000   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |                 | DO                             | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |                 | IN <sup>-</sup>                | THIS SPACE  |
| TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP                              | Takes as a second  |  |                 |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | 2  |  |                 | <u>.</u> .                     |   |

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 eath; 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: