

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000018898

1. Entity Name
DARYL CRAMER & ASSOCIATES, P.A.



Principal Place of Business
**C/O DARYL CRAMER&ASSOCIATE
3801 PGA BLVD STE 508
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**C/O DARYL CRAMER&ASSOCIATE
3801 PGA BLVD STE 508
PALM BEACH GARDENS, FL 33410 US**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0566225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DARYL B CRAMER
3801 PGA BOULEVARD
STE 508
PALM BEACH GARDENS, FL 33410**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CRAMER, DARYL B
STREET ADDRESS	3801 PGA BOULEVARD STE 508
CITY - ST - ZIP	PALM BEACH GARDENS, FL 3340-758
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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4/30/04-80147-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Paryl B. Cramer, P.A.* **Date** *4/28/04* **Daytime Phone #** *(561) 657-7205*