

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290235

FILED
Apr 04, 2011
Secretary of State

Entity Name: TRAMAN CORPORATION

Current Principal Place of Business:

6787 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380
MULBERRY, FL 33860 US

New Mailing Address:

FEI Number: 59-1085668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTMAN, GRETCHEN L
6787 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: ARTMAN, GRETCHEN L
Address: 6787 TRAIL RIDGE DR.
City-St-Zip: LAKELAND, FL 33813 US

Title: VP
Name: ARTMAN, STEPHEN H
Address: 946 ASHTON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33813 US

Title: T
Name: ARTMAN, STUART D
Address: 6653 HUNTERFIELD RD.
City-St-Zip: LAKELAND, FL 33813 US

Title: D
Name: KNOWLES, MEREDITH A
Address: 133 SHADOW LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: D
Name: ARTMAN, SPENCER Q
Address: 136 BARRINGTON GRANGE DR.
City-St-Zip: SHARPSBURG, GA 30277 US

Title: D
Name: ARTMAN, SANFORD P
Address: 1433 WOODSTONE DR
City-St-Zip: SAINT CHARLES, MO 63304 US

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: GRETCHEN L. ARTMAN

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date