2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # G37584

1. Entity Name
REKRAM, INC.

Principal Place of Business	Mailing Address
770 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 US	P.O. BOX 775 POLK CITY, FL 33868 US

05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2289544
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARKER, ALVIN C
685 CR 559 A
AUBURNDALE, FL 33823

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BRUNO, DEBRA M
STREET ADDRESS	315 WHITE CLIFF BLVD.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	P
NAME	ALVIN C MARKER
STREET ADDRESS	P O BOX 775 N/A
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	VP
NAME	DOBSON, JOYCE
STREET ADDRESS	685 C.R. 559-A
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	VP
NAME	MARKER, VICTOR
STREET ADDRESS	16803 TUSCANOOGA ROAD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/04-80003-014 150.00

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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: Debra M Bruno Debra M. Bruno STD 5/1/04 863 967-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #