

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # G37584**

1. Entity Name  
**REKRAM, INC.**



Principal Place of Business  
**770 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US**

Mailing Address  
**P.O. BOX 775  
POLK CITY, FL 33868 US**



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2289544</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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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**DO NOT WRITE  
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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 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:** Alvin C Marker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #