

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G37584</b>	
1. Entity Name <b>REKRAM, INC.</b>	
Principal Place of Business <b>685 CR-559 A AUBURNDALE, FL 33823 US</b>	Mailing Address <b>P.O. BOX 775 POLK CITY, FL 33868 US</b>



01092008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MARKER, ALVIN C 685 CR 559 A AUBURNDALE, FL 33823</b>
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**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 re-electing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000915802

05/09/08-80022-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRUNO, DEBRA M 315 WHITE CLIFF BLVD. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALVIN C MARKER P O BOX 775 N/A POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOBSON, JOYCE 685 C.R. 559-A AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARKER, VICTOR 16803 TUSCANOOGA ROAD GROVELAND, FL 34738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Debra M Bruno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/08*  
Date

*803-967-2105*  
Daytime Phone #