

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K53088

1. Entity Name
EDWIN L. CRAMMER, P.A.



Principal Place of Business
3801 N. UNIVERSITY DR.
STE 311
SUNRISE, FL 33351 US

Mailing Address
3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE, FL 33351 US

**FILED
Apr 23, 2007 08:00 A
Secretary of State**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0088980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRAMMER, EDWIN L CPA
3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE, FL 33351

**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)

UD00000727804
05/04/07-00065-025 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CRAMMER, EDWIN L CPA
STREET ADDRESS 3801 N UNIVERSITY DRIVE SUITE 311
CITY-ST-ZIP SUNRISE, FL 33351

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: Edwin L. Crammer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/07

954-742-8700

Date

Daytime Phone #