## **2005 FOR PROFIT CORPORATION**

## **FILED** Feb 26, 2005 08:00 AM

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # L10070 EKRAEMER & ASSOCIATES,	INC.			Seci	ctary (	n state
Principal Place of Business Mailing Address 368 SOUTH NINE DRIVE 368 SOUTH NINE D PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH			082				
DO NOT WRITE IN THIS SPA			CE	02122005 <b>4.</b> FEI Number 59-2965	No Chg-P	CR2E034 (10/	Applied For Not Applicable
	6. Name and Address of Current Reg	latered fluent			, ,	Fee Rec	quired
368 SOUT	R, WALTER H NINE DRIVE EDRA BEACH, FL 32082			NOT WE	•		
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 refrestating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS						<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRAEMER, WALTER 368 SOUTH NINE DRIVE PONTE VEDRA BEACH, FL				U000002 02/26/05-8	244116 30007-020	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WF	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SPA	ACE	
TITLE NAME STREET ADDRESS					<del></del>		• 1.

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 Bluck 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR