


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L82437 1. Entity Name TRAMACO, INC.	
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Principal Place of Business 1105 CAPE CORAL PKWY E SUITE C CAPE CORAL, FL 33904	Mailing Address 1105 CAPE CORAL PKWY E SUITE C CAPE CORAL, FL 33904
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02182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0715992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PKWY E SUITE C CAPE CORAL, FL 33904	<p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	U000000764628 05/31/07-80004-005 50.00 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000764628 05/31/07-20004-004 100.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RAPP, HEINZ
STREET ADDRESS	HOLZWIESSTR. 27
CITY-ST-ZIP	CH-8704 HERRLIBERG/ZURICH SW,
TITLE	AS
NAME	SCHMIDT, ELARD
STREET ADDRESS	3111 UNIVERSITY DR., SUITE 725-7
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	21. April 2007 <small>Date</small>
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