

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008 08  
Secretary of State

DOCUMENT # L82437

1. Entity Name  
TRAMACO, INC.



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



03232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0715992

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000937617  
05/27/08-80056-007 100.00

U00000937617  
05/27/08-80056-008 50.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17. April 2008