2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # P00000000646 1. Entity Name R.D. KREMER, INC. Mailing Address Principal Place of Business 2800 BLUFFVIEW CIRCLE 2800 BLUFFVIEW CIRCLE DELTONA, FL 32725 DELTONA, FL 32725 02282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3615054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KREMER, DAWN 2800 BLUFFVIEW CIRCLE DELTONA, FL 32725 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KREMER, DAWN NAME 2800 BLUFFVIEW CIRCLE STREET ADDRESS DELTONA, FL 32725 CITY-ST-ZIP U00000256363 03/09/05-80011-024 150.00 TITLE KREMER, ROGER NAME 2800 BLUFFVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(1). 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.

STREET ADDRESS CITY-ST-ZIP

PRicettec SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF