

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000003000

1. Entity Name  
JON KRAMER, INC.



Principal Place of Business  
4800 GROVE POINTE BLVD  
SARASOTA, FL 34233

Mailing Address  
4800 GROVE POINTE BLVD  
SARASOTA, FL 34233

2. Principal Place of Business  
4800 Grove Pointe Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
4800 Grove Pointe Blvd.  
Suite, Apt. #, etc.

City & State  
Sarasota, FL  
Zip 34233 Country USA

City & State  
Sarasota, FL  
Zip 34233 Country USA

07072005 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3589539  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KRAMER, JON  
5872 PROCTOR RD  
SARASOTA, FL 34233

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4800 Grove Pointe Blvd.  
City Sarasota FL Zip Code 34233

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

(NOTE: Registered Agent signature required when reinstating)

7/8/2005  
DATE

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAMER, JON 5872 PROCTOR RD SARASOTA, FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POZAR, FRANCISCO 5872 PROCTOR ROAD SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Jon Kramer 4800 Grove Pointe Blvd. Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tami Kramer 4800 Grove Pointe Blvd. Sarasota, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Francisco Pozar 917 58th Ave Dr. E Bradenton, FL 34203	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Edwardo Torres 917 58th Ave. Dr. E. Bradenton, FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

7/8/2005 941-929-1128  
Date Daytime Phone #

FILED  
05 JUL 11 PM 3:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

