
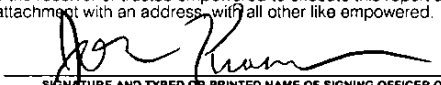


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90184 011 \*\*\*150.00

<b>DOCUMENT # P02000003000</b>					
<b>1. Entity Name</b> JON KRAMER, INC.					
<b>Principal Place of Business</b> 4800 GROVE POINTE BLVD SARASOTA, FL 34233			<b>Mailing Address</b> 4800 GROVE POINTE BLVD SARASOTA, FL 34233		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 04-3589539	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KRAMER, JON 4800 GROVE POINTE BLVD SARASOTA, FL 34233				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> KRAMER, JON <b>STREET ADDRESS</b> 4800 GROVE POINTE BLVD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> KRAMER, TAMI <b>STREET ADDRESS</b> 4800 GROVE POINTE BLVD <b>CITY-ST-ZIP</b> SARASOTA, FL 34233	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> POZAR, FRANCISCO <b>STREET ADDRESS</b> 917 58TH AVE DR E <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TORES, EDUARDO <b>STREET ADDRESS</b> 917 58TH AVE DR E <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Kramer, Tami <b>STREET ADDRESS</b> 4800 Grove Pointe Blvd. <b>CITY-ST-ZIP</b> Sarasota, Florida 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			04/24/06 (941) 929-1128		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jon Kramer, President					

ATTACHMENT

LAW OFFICE OF

**ROBERT P. ROSIN, CHARTERED**

**ATTORNEY AT LAW**

P.O. BOX 40

SARASOTA, FL 34230

(941) 927-8050

**ROBERT P. ROSIN**

60037-190

# P02000003000

Board Certified Civil Trial Lawyer  
(retired)

Fellow American Academy of  
Matrimonial Lawyers  
(retired)

Supreme Court Certified Mediator

Circuit Court Civil  
(retired)

Family Law  
(retired)

April 24, 2006

Annual Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Jon Kramer, Inc.**

Gentlemen:

Enclosed please find the 2006 For Profit Corporation Annual Report (AR) of Jon Kramer, Inc., together with the accompanying check payable to the Florida Department of State of Jon Kramer, Inc., dated February 1, 2006 in the sum of \$150.00 for the required annual fee.

Please time stamp the enclosed copy of this report on your receipt of this letter and return it to me in the enclosed self addressed stamped envelope.

Thank you for your prompt courtesy in this matter.

Very truly yours,

ROBERT P. ROSIN CHARTERED

By: 

Robert P. Rosin

RPR:mt  
Enclosures