

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003000

Entity Name: JON KRAMER, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4800 GROVE POINTE BLVD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4800 GROVE POINTE BLVD  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 04-3589539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAMER, JON  
4800 GROVE POINTE BLVD  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KRAMER, JON  
Address: 4800 GROVE POINTE BLVD  
City-St-Zip: SARASOTA, FL 34233

Title: S  
Name: FLYNN, RONALD J  
Address: 4781 ANDRIS STREET  
City-St-Zip: NORTH PORT, FL 34288

Title: D  
Name: FLYNN, RONALD J  
Address: 4781 ANDRIS STREET  
City-St-Zip: NORTH PORT, FL 34288

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JON KRAMER

PD

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date