

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90004 029 \*\*\*150.00

**DOCUMENT # P02000063619**

1. Entity Name  
**JON R. KRAMER ENTERPRISES, INC.**



Principal Place of Business  
**11931 N.W. 31 STREET  
SUNRISE, FL 33323**

Mailing Address  
**11931 N.W. 31 STREET  
SUNRISE, FL 33323**

**54058022**

2. Principal Place of Business  
**9063 NW 45TH ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**9063 NW 45TH ST**  
Suite, Apt. #, etc.



06152004 Chg-P CR2E034 (10/03)

City & State  
**SUNRISE FL**  
Zip  
**33351**

Country  
**USA**

City & State  
**SUNRISE FL**  
Zip  
**33351**

Country  
**US**

4. FEI Number  
**03-0459717**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, JOHN P  
2499 GLADES ROAD SUITE 305A  
BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **KRAMER, JON R**  
STREET ADDRESS **11931 N.W. 31 STREET**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **KRAMER, JON**  
STREET ADDRESS **9063 NW 45TH ST**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-15-04** **954-293-4004**  
Date Daytime Phone #