2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 08, 2005 08:00 AM **DOCUMENT # P03000068128 Secretary of State** t. Entity Name KRAMER'S WELDING & FABRICATION INC Mailing Address Principal Place of Business 10261 JOLYNN RD 10261 JOLYNN RD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 US US 05032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0692332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAMER, JAMES W DO NOT WRITE 10261 JOLYNN RD JACKSONVILLE, FL 32225 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) FILE NOW!!! FEE 1\$ \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KRAMER, JAMES W STREET ADDRESS 10261 JOLYNN RD JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 cath; 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.

AGMUL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W Kramer

SIGNATURE: \(\sigma\)

-8-05 96

FILED

904-759-9090