2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000118318

1. Entity Name
HOWARD KRAMER INC

Principal Place of Business	Mailing Address
17682 SEALAKES DRIVE	17682 SEALAKES DRIVE
BOCA RATON, FL 33498	BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

03192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
11-3524502	Not Applicable

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

6. Name and Address of Current Registered Agent

BUDNER, MORDECAI
17682 SEALAKES DRIVE
BOCA RATON, FL 33498

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	00000286205 04/04/05-80024-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRAMER, HOWARD
STREET ADDRESS	2513 SE MORNINGSIDE BLVD
CITY-ST-ZIP	PT ST LUCIE, FL 34952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Howard Kramer_   4/1/05   772-631-4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #