


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90006 019 ***150.00

DOCUMENT # P03000124335					
1. Entity Name STEPHEN P. KRAMER, INC.					
Principal Place of Business 2726 KNOLL ST E PALM HARBOR FL 34683			Mailing Address 2726 KNOLL ST E PALM HARBOR FL 34683		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1711720	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, STEPHEN P 2726 KNOLL ST E PALM HARBOR FL 34683				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 <i>Sheila Kramer</i>				DATE 3-29-04	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D KRAMER, STEPHEN P <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	2726 KNOLL ST E		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	PALM HARBOR FL 34683				
CITY-ST-ZIP					
TITLE	D KRAMER, SHEILA <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2726 KNOLL ST E				
STREET ADDRESS	PALM HARBOR FL 34683				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sheila Kramer</i>				DATE 3-29-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

54043034



MOORE CR2E034 (11/03)