2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006994

City-St-Zip:

BELLEVIEW, FL 34420

Entity Name: MICHAEL J. KRAMER, PA

FILED Sep 15, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---|------------------------------------|--|--|
| 8586 JUN OCALA, F | IIPER ROAD FL 34480 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 8586 JUN OCALA, F | IIPER ROAD FL 34480 | | | | |
| FEI Number | r: 20-4060533 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 5205 SE 1 | , MICHAEL J I 12TH STREET EW, FL 34420 | r US | | | |
| | e named entity te of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | IRE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | P D (KRAMER, MICI 5205 SE 112TI | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL KRAMER P 09/15/2008