

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 038 ***158.75

DOCUMENT # P95000018898 1. Entity Name DARYL CRAMER & ASSOCIATES, P.A.					
Principal Place of Business C/O DARYL CRAMER&ASSOCIATE 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410 US			Mailing Address C/O DARYL CRAMER&ASSOCIATE 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business c/o Harris Cramer LLP		3. Mailing Address c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd.			
Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd., Ste.		Suite, Apt. #, etc. 310 Suite 310		03162005 Chg-P CR2E034 (10/03)	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-0566225	
Zip 33401		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARYL B CRAMER 3801 PGA BOULEVARD STE 508 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner by Daryl B. Cramer, President </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE: </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRAMER, DARYL B 3801 PGA BOULEVARD STE 508 PALM BEACH GARDENS, FL 3340-758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSID Cramer, Daryl B 1555 Palm Beach Lakes Blvd., Suite 310 West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Daryl B. Cramer (561) 659-7005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					