

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P95000018898

1. Entity Name
DARYL CRAMER & ASSOCIATES, P.A.



Principal Place of Business
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD STE 310
WEST PALM BEACH, FL 33401 US**

Mailing Address
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD STE 310
WEST PALM BEACH, FL 33401 US**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0566225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRAMER, DARYL B
1555 PALM BEACH LAKES BLVD
SUITE 310
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CRAMER, DARYL B
STREET ADDRESS	1555 PALM BEACH LAKES BLVD STE 310
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl B. Cramer

Date

4/9/08

(561) 659-7005

Daytime Phone #