

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91255 047 ***150.00

DOCUMENT # P95000058340

1. Entity Name

PAINT BY JIM KRAMER, INC.



Principal Place of Business

930 CARTER RD
UNIT 317
WINTER GARDEN FL 34787
US

Mailing Address

930 CARTER RD
UNIT 317
WINTER GARDEN FL 34787
US

2. Principal Place of Business

1058 RED DANDY DR.
Suite, Apt. #, etc.

3. Mailing Address

1058 RED DANDY DR.
Suite, Apt. #, etc.

City & State

Orlando FL
Zip 32818 Country ORANGE

City & State

ORLANDO, FL
Zip 32818 Country ORANGE

4. FEI Number

59-3327680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, JAMES F
930 CARTER RD
UNIT 317
WINTER GARDEN FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

1058 RED DANDY DR.

City

ORLANDO

FL

Zip Code

32818

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, type 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KRAMER, JAMES F	
STREET ADDRESS	930 CARTER RD UNIT 317	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KRAMER, TRUDY B	
STREET ADDRESS	14218 COUNTRY ESTATE DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1058 RED DANDY DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1058 RED DANDY DR.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Trudy B. Kramer, ST TRUDY B. KRAMER, ST 4/29/04