

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 001 ***150.00

DOCUMENT # P95000058340

1. Entity Name
JIM KRAMER, INC.



Principal Place of Business

1058 RED DANDY DR
ORLANDO, FL 32818 US

Mailing Address

1058 RED DANDY DR
ORLANDO, FL 32818 US

2. Principal Place of Business - No P.O. Box #

2079 DATE PALM CT

3. Mailing Address

2079 DATE PALM CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

06000, FL

City & State

06000, FL

Zip

34761

Country

US

Zip

34761

Country

US

04292008

Chg-P

CR2E034 (12/06)

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

KRAMER, JAMES F
1058 RED DANDY DR
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name JAMES F. KRAMER

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

2079 DATE PALM CT

City 06000

FL

Zip Code

34761

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, typed 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, 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 PD
NAME KRAMER, JAMES F
STREET ADDRESS 1058 RED DANDY DR
CITY-ST-ZIP ORLANDO, FL 32818 ☐ Delete

TITLE ST
NAME KRAMER, TRUDY B
STREET ADDRESS 1058 RED DANDY DR
CITY-ST-ZIP ORLANDO, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KRAMER, JAMES F. ☒ Change ☐ Addition
STREET ADDRESS 2079 DATE PALM CT
CITY-ST-ZIP 06000, FL 34761

TITLE ST
NAME KRAMER, TRUDY B. ☒ Change ☐ Addition
STREET ADDRESS 2079 DATE PALM CT
CITY-ST-ZIP 06000, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TREASURY

4/29/08

Date

Daytime Phone #

4072990086