

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Mar 15, 2004 08:00 AM  
Secretary of State

DOCUMENT # P96000012421

1. Entity Name  
DAN CRAMER LAWN & LANDSCAPE, INC.



Principal Place of Business  
4121 129 AVE NORTH  
ROYAL PALM BEACH, FL 33411

Mailing Address  
4121 129 AVE NORTH  
ROYAL PALM BEACH, FL 33411



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0741634

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRAMER, DAN  
4121 129 AVE NORTH  
ROYAL PALM BEACH, FL 33411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CRAMER, DAN  
4121 129 AVE NORTH  
ROYAL PALM BEACH, FL 33411

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000088533  
03/15/04-80057-024 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/10/04 561-790-567X  
Date Daytime Phone #