

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000035390

1. Entity Name

GRAMER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2745 SE CARROLL ST
STUART FL 34997

2745 SE CARROLL ST
STUART FL 34997



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3378608

Applied For
Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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, 2007 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
NAME GRAMER, ROBERT C ☐ Delete
STREET ADDRESS 2745 SE CARROLL ST
CITY- ST- ZIP STUART FL 34997

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000696694
CITY- ST- ZIP 04/18/07-80007-022 150.00

TITLE
NAME GRAMER, WILLIAM L JR ☐ Delete
STREET ADDRESS 2776 SE CARROLL ST
CITY- ST- ZIP STUART FL 34997

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert C. Gramer ROBERT C. GRAMER 4-5-07 561-254-8823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #