

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 023 ***158.75

DOCUMENT # P98000091296

1. Entity Name

CRAMER AGGREGATE CARTAGE, INC.



Principal Place of Business

**9665 HONEYSUCKLE DR.
MICCO FL 32978**

Mailing Address

**9665 HONEYSUCKLE DRIVE
MICCO FL 32976**

2. Principal Place of Business

3. Mailing Address

P.O. Box 780202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBASTIAN, FLORIDA

Zip

Country

Zip

Country

32978-0202

INDIAN RIVER

4. FEI Number

31-1628230

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

**CRAMER, CHALES A JR
1321 NORTH CENTRAL AVENUE
SEBASTIAN FL 32958**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CRAMER, CHARLES A JR
9665 HONEYSUCKLE DRIVE
MICCO FL 32976

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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:

CHARLES A. CRAMER JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

Date

(772) 473-8922
(772) 589-3159

Daytime Phone #