

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591113

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: LEE CRANE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4020 NEWBERRY RD.  
400  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-1855644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRANE, LEE W  
12901 NW 56 AVENUE  
GAINESVILLE, FL 32653      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CRANE, LEE W,  
Address: 4020 NEWBERRY ROAD SUITE 400  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE W CRANE

PD

01/03/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date