

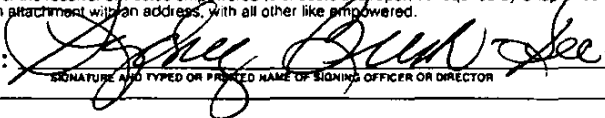


FILED
Jul 13, 2007 8:00 am
Secretary of State

06-21-2007 90022 043 ***550.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000007209		
1. Entity Name E.D. CRANE & ASSOCIATES, INC.		
Principal Place of Business 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL 33634		Mailing Address 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL 33634
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUSH, SYDNEY 9231 LAKE CYPRESS LOOP WEEKI WACHEE, FL 34613		66020350  06012007 No Chg-P CR2E034 (11/05) 4. FEI Number 58-0835402 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHM NELSON JR, HERBERT A 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MURPHY, JOSEPH 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD BUSH, SYDNEY 9231 LAKE CYPRESS LOOP WEEKI WACHEE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/10/07</u> 352 597-7547 <small>Daytime Phone #</small>