


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 211340
 1. Entity Name
KRAUSS AND CRANE, INC.



Principal Place of Business Mailing Address
904 SOUTH DIXIE HWY **904 SOUTH DIXIE HWY**
PO BOX 1259 **PO BOX 1259**
STUART, FL 34995 **STUART, FL 34995**

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0833143 Not Applicable

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

6. Name and Address of Current Registered Agent
CRANE, J.H. III
6900 SE BURNETT
STUART, FL 34997

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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 _____ DATE _____
Signature of officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes Signature of registered agent or trustee empowered to execute this report

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WOCIESZAK, KATHERINE
STREET ADDRESS	3591 SE LEONARD LANE
CITY ST ZIP	STUART, FL 34997
TITLE	PD
NAME	CRANE, J. H. III
STREET ADDRESS	6900 S.E. BURNETT
CITY ST ZIP	STUART, FL
TITLE	SD
NAME	CRANE, M M
STREET ADDRESS	4608 S.E. PARK DRIVE
CITY ST ZIP	PT SALERNO, FL
TITLE	VPD
NAME	CRANE, ROBERT S
STREET ADDRESS	5516 S.E. ORANGE STREET
CITY ST ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 other like empowered.

SIGNATURE: Katherine Wocieszak #125/05 722-287-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR