2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 211340

FILED May 13, 2008 Secretary of State

Entity Nan	ie: KRAU	SS AND CRANE, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
904 SOUTH DIXIE HWY PO BOX 1259 STUART, FL 34995				904 SOUTH DIXIE HWY STUART, FL 34994		
Current Mailing Address:				New Mailing Address:		
904 SOUTH DIXIE HWY PO BOX 1259 STUART, FL 34995				PO BOX 1259 STUART, FL 34995		
FEI Number:	59-0833143	FEI Number Applied	For () FEI Nur	nber Not Appli	icable () Ce	ertificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CRANE, J.H. III 6900 SE BURNETT STUART, FL 34997 US				CRANE, J.H. III 6900 SE BURNETT RD STUART, FL 34997 US		
The above in the State			nt for the purpose o	of changing it	s registered office	e or registered agent, or both,
SIGNATURE:				05/13/2008		
Electronic Signature of Registered Agent				Date		
Election Carr	ıpaign Finar	cing Trust Fund Contributi	on ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		() Delete AK, KATHERINE EONARD LANE L 34997		Title: Name: Address: City-St-Zip:	() Cha	ange()Addition
Title: Name: Address: City-St-Zip:	PD CRANE, J. 6900 S.E. I STUART, F	BURNETT		Title: Name: Address: City-St-Zip:	PVPD (X) Cha CRANE, J. H. III, 6900 S.E. BURNET STUART, FL 34997	
Title: SD () Delete Name: CRANE, M M, Address: 4608 S.E. PARK DRIVE City-St-Zip: PT SALERNO, FL			Title: Name: Address: City-St-Zip:	SD (X) Cha CRANE, M M, 4608 S.E. PARK DF STUART, FL 34997		
Title:	VPD	(X) Delete		Title:	() Cha	ange () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: J.H. CRANE, III PVPD 05/13/2008

CRANE, ROBERT S

STUART, FL 34997

5516 S.E. ORANGE STREET

Name:

Address:

City-St-Zip: