

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 685283**  
 1. Entity Name  
**HARVEY CRANE, INC.**



Principal Place of Business      Mailing Address  
**2531 TAIL SPIN TRAIL**      **2631 TAIL SPIN TRAIL**  
**DAYTONA BEACH FL 32128**      **DAYTONA BEACH FL 32128**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**59-2013500**      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**

**CRANE JR, HARVEY J**  
**2531 TAIL SPIN TRAIL**  
**DAYTONA BEACH FL 32128**

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 remaining)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May  
 Trust Fund Contribution.       Added to Fee

**10. OFFICERS AND DIRECTORS**      **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	Delete
NAME STREET ADDRESS CITY-ST-ZIP	<b>CRANE JR, HARVEY J</b> <b>2531 TAIL SPIN TRL</b> <b>DAYTONA BEACH FL 32128-6743</b>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

TITLE	Change	Add
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

22 April 2006 386-760-4418