


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000007209</b> 1. Entity Name E.D. CRANE & ASSOCIATES, INC.	
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Principal Place of Business 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL 33634	Mailing Address 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL 33634
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-0835402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, SYDNEY  
9231 LAKE CYPRESS LOOP  
WEEKI WACHEE, FL 34613

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000062987 02/23/04-80142-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON JR, HERBERT A 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, JOSEPH 5460 BEAUMONT CENTER BLVD., STE 550 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEAGLE, WILLIAM A 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	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Sydney Bush* 2/20/04 813 806-9609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #