

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**MAR 10 2006 10:00 AM**  
**Secretary of State**  
JAN 24 2006  
BY: \_\_\_\_\_



1st MOORE CR2E034 (10/05)

4. FEI Number **20-0683950** ☐ Applied For  
Not Applicable

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

**DOCUMENT # F05000004342**  
1. Entity Name  
**CRANMORE (US) INC.**



Principal Place of Business  
**7901 4TH STREET NORTH, STE. 203  
ST. PETERSBURG FL 33702**

Mailing Address  
**7901 4TH STREET NORTH, STE. 203  
ST. PETERSBURG FL 33702**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**BALKAN, THOMAS J  
7901 4TH STREET NORTH, STE. 203  
ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agents signature required when re-registering) 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 E  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS |                                 |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                              |
|----------------------------|---------------------------------|---------------------------------|--|---|--|---------------------------------|------------------------------|
| TITLE                      | C                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | OROS, JOHN                      |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 280 HIGHLAND AVENUE             |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | RIDGEWOOD NJ 07450              |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | D                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | HARRIS, RICHARD                 |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 3 MILL POINT ROAD, PEMBROKE     |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | BERMUDA, HM 19                  |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | P                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | WALL, KARL J                    |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 7901 4TH STREET NORTH, STE. 203 |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | ST. PETERSBURG FL 33702         |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | VP                              | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | STOLZ, DONNA                    |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 7901 4TH STREET NORTH, STE. 203 |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | ST. PETERSBURG FL 33702         |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | S                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | BALKAN, THOMAS J                |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 7901 4TH STREET NORTH, STE. 203 |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | ST. PETERSBURG FL 33702         |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | T                               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | RYAN, RICHARD C                 |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | 7901 4TH STREET NORTH, STE. 203 |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | ST. PETERSBURG FL 33702         |                                 |  | CITY-ST-ZIP   |  |                                 |                              |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Balkan, SECRETARY 3/6/06 (727) 576-1432