


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90002 034 ***150.00

DOCUMENT # J73483				
1. Entity Name CRANE INSTITUTE OF AMERICA, INC.				
Principal Place of Business 1063 MAITLAND CENTER COMMONS SUITE 100 MAITLAND, FL 32751 US		Mailing Address 1063 MAITLAND CENTER COMMONS SUITE 100 MAITLAND, FL 32751 US		
2.	<table border="1"> <tr> <td>Crane Institute of America, Inc 3880 St Johns Parkway Sanford, FL 32771 US</td> <td>Crane Institute of America, Inc 3880 St Johns Parkway Sanford, FL 32771 US</td> </tr> </table>		Crane Institute of America, Inc 3880 St Johns Parkway Sanford, FL 32771 US	Crane Institute of America, Inc 3880 St Johns Parkway Sanford, FL 32771 US
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06082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2822876	Applied For Not Applicable
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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					
HEADLEY, JAMES J JR 1224 WELLINGTON TERRACE MAITLAND, FL 32751		<table border="1"> <tr><td>Name</td></tr> <tr><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>City</td></tr> <tr><td>FL Zip Code</td></tr> </table>		Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL Zip Code
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 Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEADLEY, JAMES 1224 WELLINGTON TERRACE MAITLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEADLEY, SUSAN 1224 WELLINGTON TERRACE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: James J. Headley **JAMES J. HEADLEY** 6-800 322-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #