2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jul 22, 2005 08:00 AM **Secretary of State DOCUMENT # P02000054308** 1. Entity Name CRANE AND COMPANY, INC. Principal Place of Business Mailing Address 801-D N 9TH AVE P.O. BOX 13184 PENSACOLA, FL 32501 PENSACOLA, FL 32591 06292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0716844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HICKEY, RAYMOND G DO NOT WRITE 913 GULF BREEZE PKWY #5 GULF BREEZE, FL 32561 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE CRANE, JACKIE A NAME STREET ADDRESS P.O. BOX 13184 CITY-ST-ZIP PENSACOLA, FL 32591 U00000374148 TITLE 07/22/05-90010-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE The state of the s NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIREC

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