

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90078 018 \*\*\*150.00

**DOCUMENT # P02000119320**

1. Entity Name  
**WHITE CRANE PROPERTIES INC**



Principal Place of Business  
**POST OFFICE BOX 6725  
 DELRAY BEACH, FL 33482**

Mailing Address  
**POST OFFICE BOX 6725  
 DELRAY BEACH, FL 33482**

**\$0061483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08122005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**06-1655517**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**KIESLING, ROBERT A  
 2240 WOOLBRIGHT RD., SUITE 325  
 BOYNTON BEACH, FL 33426**

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 Seymour ZACHAR **SEYMOUR ZACHAR** 8/12/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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	PD ZACHAR, SEYMOUR POST OFFICE BOX 6725 DELRAY BEACH, FL 33482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERICH, WILLIAM A POST OFFICE BOX 6725 DELRAY BEACH, FL 33482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Seymour ZACHAR **SEYMOUR ZACHAR** 8/12/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #