

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000005727

1. Entity Name
TIGER-CRANE ENTERPRISES, INC.



Principal Place of Business
11328 OKEECHOBEE BOULEVARD
SUITE 7
ROYAL PALM BEACH, FL 33411

Mailing Address
11328 OKEECHOBEE BOULEVARD
SUITE 7
ROYAL PALM BEACH, FL 33411

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0501800	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

SMITH, KEN PRES.
11328 OKEECHOBEE BOULEVARD
SUITE 7
ROYAL PALM BEACH, FL 33411

**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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KEN 11328 OKEECHOBEE BOULEVARD--STE. 7 ROYAL PALM BEACH, FL 33411
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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01/23/07-80011-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LINDA S. BESSETTE

1-17-07

561-
793-4132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #