

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-04-2004 90006 022 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000137083					
1. Entity Name JAMES & BILLIE CRANE CONSTRUCTION, INC.					
Principal Place of Business 15731 OLD MILL POND ROAD DADE CITY FL 33523 US			Mailing Address 15731 OLD MILL POND ROAD DADE CITY FL 33523 US		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>80-0082736</i> Applied For <i>80-0082736</i> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, BILLIE 15731 OLD MILL POND ROAD DADE CITY FL 33523			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 <i>BILLIE CRANE</i>		<i>Billie Crane</i>		DATE <i>02/25/04</i>	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRANE, JAMES E	NAME			
STREET ADDRESS	15731 OLD MILL POND ROAD	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33523	CITY-ST-ZIP			
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRANE, BILLIE	NAME			
STREET ADDRESS	15731 OLD MILL POND ROAD	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33523	CITY-ST-ZIP			
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CRANE, BILLIE	NAME			
STREET ADDRESS	15731 OLD MILL POND ROAD	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33523	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>BILLIE CRANE</i>		<i>Billie Crane</i>		DATE <i>02/25/04</i> 352-588-3444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(NOTE: Registered Agent Signature required when reinstating)		DATE	