2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000144255

1. Entity Name
ROBERT P. CRANE, JR. INCORPORATED

Principal Place of Business	Mailing Address
748 KEATON PARKWAY OCOEE, FL 34761	748 KEATON PARKWAY OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

03132005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3780018
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIEPER, PAMELA
1132 WOODSMERE AVE
ORLANDO, FL 32839

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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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRANE, ROBERT P JR
STREET ADDRESS	748 KEATON PARKWAY
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	V
NAME	SMITH, THOMAS L
STREET ADDRESS	8405 MATTITUCK CIR
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	S
NAME	PIEPER, PAMELA M
STREET ADDRESS	1132 WOODSMERE AVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80057-006 150.00

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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: Pamela M. Pieper PAMELA M. PIEPER, SECRETARY 3/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date