


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000021244</b> 1. Entity Name <b>STEVE CRANMER, INC.</b>					
Principal Place of Business <b>2961 SE DARIEN RD PORT SAINT LUCIE, FL 34952</b>			Mailing Address <b>2961 SE DARIEN RD PORT SAINT LUCIE, FL 34952</b>		
2. Principal Place of Business <b>2601 SE Emmet Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>2601 SE Emmet Road</b> Suite, Apt. #, etc.			
City & State <b>Port St Lucie, FL</b> Zip <b>34952</b>		City & State <b>Port St. Lucie, FL</b> Zip <b>34952</b>		4. FEI Number <b>210-0080071</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRANMER, STEVEN C 2961 SE DARIEN RD PORT SAINT LUCIE, FL 34952</b>				7. Name and Address of New Registered Agent Name <b>Cranmer, Steven C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2601 SE Emmet Road</b> City <b>Port St. Lucie</b> State <b>FL</b> Zip Code <b>34952</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>9-23-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CRANMER, STEVEN C 2961 SE DARIEN RD PORT SAINT LUCIE, FL 34952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Cranmer, Steven C 2601 SE Emmet Road Port St. Lucie, FL 34952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Cranmer, Derek 2601 SE Emmet Road Port St. Lucie, FL 34952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Cranmer, Derek 2601 SE Emmet Road Port St. Lucie, FL 34952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060707251 10/18/05--01015--005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAYMENT STATEMENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.9	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.9	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.9	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>9-23-05</b> Daytime Phone # <b>772-342-1265</b>	

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SECRET  
FALL 2005



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