## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000141779

Name:

Address:

City-St-Zip:

CRANE, DAVID

P O BOX 494470

PORT CHARLOTTE, FL 339494470

Entity Name: DEAN CRANE CONSTRUCTION CORPORATION

FILED Jan 11, 2008 Secretary of State

y		WALE CONCINCENCE	CON CIVINOIV			
Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX PORT CHA		339494470 US		0 SUNNYBROOK RD ITA GORDA, FL 3398		
Current Mailing Address:				New Mailing Address:		
P.O. BOX PORT CH,		339494470 US				
FEI Number:	: 20-1743088	FEI Number Applied For	( ) FEI Number N	ot Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CRANE, PATRICIA 27161 WHITMAN AVE PUNTA GORDA, FL 33983 US				CRANE, PATRICIA 27360 SUNNYBROOK RD. PUNTA GORDA, FL 33983 US		
	named entity e of Florida.	submits this statement fo	or the purpose of cha	nging its registered offi	ice or registered agent, or both,	
SIGNATURE:				01/11/2008		
Election Car		nic Signature of Register g Trust Fund Contribution (	_		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CRANE, DEAN P.O. BOX 4944	) Delete 170 DTTE, FL 339494470 US	Title: Name Addre City-S	:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CRANE, PATRI P.O. BOX 4944		Title: Name Addre City-\$	:	Change ( ) Addition	
Title <sup>.</sup>	D (	) Delete	Title <sup>.</sup>	()(	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA CRANE V 01/11/2008