2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90224 014 ***150.00

DOCUMENT # P05000117098

1. Entity Name
CRANE AMERICA INC.

Principal Place of Business	Mailing Address
11304 ISLAND CLUB LANE JACKSONVILLE, FL 32225	11304 ISLAND CLUB LANE JACKSONVILLE, FL 32225

50016463

04232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4600 Phillips Hwy	11304 island club Ln
Suite, Apt. #, etc. 5-2	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32207 Country	Zip 32225 Country

4. FEI Number 20-3384481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DURDEN, WILLIAM L III
1804 SAN MARCO PLACE
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 (REQUIRED if registered agent signature is required when a change) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOODY, RAYMOND M		NAME	
STREET ADDRESS	11304 ISLAND CLUB LANE		STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32225		CITY ST ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOODY, KATHLEEN L		NAME	
STREET ADDRESS	11304 ISLAND CLUB LANE		STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32225		CITY ST ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOODY, AUDREY K		NAME	
STREET ADDRESS	11304 ISLAND CLUB LANE		STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32225		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: Raymond M Moody 4/19/06 (904)641-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR