

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90013 006 \*\*\*150.00

**DOCUMENT # P05000154996**

1. Entity Name  
**CRONE SERVICES, INC.**



Principal Place of Business      Mailing Address  
 218 S.W. 13TH STREET      218 S.W. 13TH STREET  
 CAPE CORAL, FL 33991      CAPE CORAL, FL 33991

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



08222006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**20-3833581**      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>COSTELLO, TRUMAN J</b> <b>12670 NEW BRITTANY BLVD., SUITE 101</b> <b>FORT MYERS, FL 33907</b>	Name <b>JERRY E. CRONE, JR.</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>218 S.W. 13th STREET</b>
	City      State      Zip Code <b>CAPE CORAL      FL      33991</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

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 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>JERRY E. CRONE, JR</b>	NAME
STREET ADDRESS <b>218 S.W. 13th STREET</b>	STREET ADDRESS	CITY-ST-ZIP <b>CAPE CORAL, FL 33991</b>	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
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 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: Jerry E. Crone, Jr.      Jerry E. Crone, Jr. 9-5-06 239-574-4331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

20054245  
-----  
#P05000154996

P05000154996  
CRONE SERVICES, INC.  
218 S.W. 13TH STREET  
CAPE CORAL FL 33991

A

*Please Note did not receive  
the original report. Please waive the fee.*

*Jerry E. Crone  
Jerry E. Crone Jr.  
President*