2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050864

Entity Name: R.B. CRANE, INC.

City-St-Zip:

CLEARWATER, FL 33761

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
1240 HOLIDAY DRIVE TARPON SPRINGS, FL 34689					1241 BASSWOOD DRIVE HOLIDAY, FL 34690			
Current Mailing Address:					New Mailing Address:			
1240 HOLIDAY DRIVE TARPON SPRINGS, FL 34689					1241 BASSWOOD DRIVE HOLIDAY, FL 34690			
FEI Number:	59-3251891	FEI Numb	er Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desi	red ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CRANE, ROGER B 1240 HOLIDAY DRIVE TARPON SPRINGS, FL 34689 US					CRANE, ROGER B 1241 BASSWOOD DRIVE HOLIDAY, FL 34690 US			
	named entity of Florida.	submits this	s statement for the p	ourpose o	f changing it	ts registere	d office or registered agen	t, or both,
SIGNATURE:					04/21/2009			
	Electro	nic Signatuı	e of Registered Age	ent			Date	
Election Car	npaign Financir	ng Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (CRANE, ROGI 1240 HOLIDA' TARPON SPR	Y DRIVE	89		Title: Name: Address: City-St-Zip:	D CRANE, RO 1241 BASS\ HOLIDAY, F	WOOD DRIVE	
Title: Name: Address: City-St-Zip:	SD (CRANE, MICH 1240 HOLIDA' TARPON SPR	Y DRIVE	89		Title: Name: Address: City-St-Zip:	SD CRANE, MIC 1241 BASS\ HOLIDAY, F	WOOD DRIVE	
Title: Name: Address:	D (SMITH, GREG 28100 US HW		.08		Title: Name: Address:		() 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.

City-St-Zip:

SIGNATURE: MICHELLE L. CRANE SEC. 04/21/2009