2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # P97000030135** 1. Entity Name CRANE LAKES, INC. - Mailing Address Principal Place of Business 125 N. RIDGEWOOD AVE. 125 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03242006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 59-3484657 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKS, BERRIEN H SR. Street Address (P.O. Box Number is Not Acceptable) 125 N. RIDGEWOOD AVE DAYTONA BEACH, FL 32114 Zio 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. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing **\$5.00** May Ba FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition 🔲 TITLE Delete TITLE NAME BECKS, BERRIEN H JR NAME U00000512017 STREET ADDRESS 125 N RIDGEWOOD AVE STREET ADDRESS 04/23/06-80076-003 150.00 CITY-ST-ZIP CITY-ST-ZIP DAYTON BCH, FL 32114 ☐ Change ☐ Addition TOTALE Delete SITLE SCHNEBLY, JOHN SR NAME MARKE STREET ADDRESS 125 N RIDGEWOOD AVE STREET ADDRESS CITY-S7-ZIP DAYTONA BCH, FL 32114 CITY-ST-ZIP 1131 E Delete HDE ☐ Change ☐ Addition NAME AMASS, CARROLL E NAME 125 N RIDGEWOOD AVE STREET ADDRESS STREET ADORESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CUTY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z)P TITLE Defete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Addition TITLE Defete TITLE ☐ Change 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:

Berrien H. Becks, Jr.

4/14/06

386-252-2000

FILED