## 2008 FOR PROFIT CORPORATION

(d.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02. 2008 08:00 A ate

ANNUAL REPORT								
1. Entity Nam	MENT # P980000290 RANE, INC.	)84			S	Secreta	ry of Sta	
Principal Plac	e of Business	Mailing Address						
285 BRY-LY		285 BRY-LYNN DR.						
W. MELBOUR	RNE, FL 32904	W. MELBOURNE, FL 32904						
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	A NOT WINETE	IN THIS ODA		04282008	No Chg-P	CR2E034 (	11/05)	
L	O NOT WRITE	IN THIS SPA	UE 🔍	4. FEI Numbe			Applied For	
	ta i			59-350	1650		Not Applicable	
				5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current R	Anistered Agent	1		*	гее	Required	
	or italical and read cost of participation	agretored Agent						
	DOUGLASS A CPA PA		DO	<b>NOT W</b>	RITE			
1413 S PATRICK DRIVE					•			
SUITE 7 INDIAN HARBOUR BEACH, FL 32937				IN 7	THIS SP	ACE		
William Charles of Carry 12 of Section 1				sal in a limit	राज्यस्य विशेष	7 7		
8. The above	named entity submits this statement for lions of registered agent.	he purpose of changing its register	red office or regi	istered agent, or bo	th, in the State of Flo	rida I am famil	ar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d little if applicable (NOTE: Registern	ed Agent signature reg	juired when reinstating)		DATE		
<del></del>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Car Trust Fund 0				\$5.00 May Be Added to Fees	U00000 05/29/08-	943466 8006100	4 150 00	
10.	OFFICERS AND D	IRECTORS		A R Special				
TITLE	D CRAME BAYMOND F				1.33	, '.	•	
NAME STREET ADDRESS	CRANE, RAYMOND E 285 BRY-LYNN DR.			* ,			•	
CITY-ST-ZIP	W. MELBOURNE, FL 32904				No. 16		, •	
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indicated	certify that the information supplied with the on this report or supplemental report is to	rue and accurate and that my signa	ture shall have t	the same legal effec	at as if made under o	eath: that I am ar	officer or director 1	
changed,	poration or the receiver or trustee empow or on an attachpent with an address, wi	тегеш to execute this report as requi th all other like empowered.	ired by Chapter	ou/, Horida Statute	s; and that my name	appears in Blo	EK TU OF Block 11 IJ	
	1/ / /	C//						

Date

Daytime Phone #