2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
01-29-2004 90019 017 ***158.75

DOCUMENT # P99000007531

1. Entity Name
CRANE VENTURES, INC.

Principal Place of Business	Mailing Address
748 OLD HIGHWAY 98 DESTIN FL 32550	P O BOX 6369 DESTIN FL 32550

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
12273 Emerald Coast Pkwy W	
Suite, Apt. #, etc. Holiday Plaza #118	Suite, Apt. #, etc.
City & State Destin, FL	City & State
Zip 32550	Country USA
Zip	Country

4. FEI Number 59-3558245 ☐ Applied For ☐ 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
DAMIANO, DOMINIC R ~~328 BAYSHORE DRIVE~~ ~~PO Box 6369~~ DESTIN FL 325~~41~~ 50 328 Bayshore Dr.	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] Dominic Damiano-President 01-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAMIANO, DOMINIC ~~328 BAYSHORE DR~~ PO Box 6369 DESTIN FL 325~~41~~ 50	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jacovelli, Saverio PO Box 6369 Destin, FL 32550	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JACOVELLI, SAVERIO P O BOX 6369 DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director + V.P Damiano Vincent C. PO Box 6369 Destin, FL 32550	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAMIANO, ~~CHRIS~~ Vincent C ~~748 OLD HIGHWAY 98~~ PO Box 6369 DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director + VP Petersen, Lawrence E ~~126 Walton Way #5~~ PO Box 6369 Destin FL 32550	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~PETERSEN~~, ~~LARRY~~ Petersen, Lawrence E. ~~126 WALTON WAY #5~~ PO Box 6369 DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAMIANO, DOMINIC ~~328 BAYSHORE DRIVE~~ PO Box 6369 DESTIN FL 325~~41~~ 50	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director + P Damiano Dominic R PO Box 6369 Destin, FL 32550	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARANOWSKI, DON 3264 WINTERS CHAPPEL ROAD ATLANTA GA 30360	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Saverio Jacovelli S/T+D 01-20-04 850 654-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #