

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 311419

**Entity Name:** NEWMAN, CRANE, & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

5639 HANSEL AVENUE  
ORLANDO, FL 32809

**Current Mailing Address:**

P. O. BOX 568946  
ORLANDO, FL 32856-8946 US

**FEI Number:** 59-1153519

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUCKNER, STEVEN E  
5639 HANSEL AVENUE  
ORLANDO, FL 32809 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	TS
Name	BUCKNER, STEVEN E	Name	BUCKNER, JAMIE N
Address	5639 HANSEL AVE.	Address	5639 HANSEL AVE.
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMIE N. BUCKNER

SEC/TREAS

04/01/2013

Electronic Signature of Signing Officer/Director Detail

Date