


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 226681 1. Entry Name M.R. HARRISON CRANE SERVICE, INC.	
---	---

Principal Place of Business 2440 N.W. 37TH. STREET MIAMI FL 33142-2364	Mailing Address 2440 N.W. 37TH. STREET MIAMI FL 33142-2364
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
--------------------------------	--------------------	--

Suite, Apt. #, etc	Suite, Apt. #, etc	
--------------------	--------------------	--

City & State	City & State	
--------------	--------------	--

Zip	Country	Zip	Country	4. FEI Number 59-6069575	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	---------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HARRISON, MICHAEL J. 2440 N.W. 37TH STREET MIAMI FL 33142
--

7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P	<input type="checkbox"/> Delete		TITLE	U00000188694	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, MICHAEL J			NAME	01/24/05-80065-016 150.00		
STREET ADDRESS	2440 N.W. 37TH ST.			STREET ADDRESS			
CITY- ST- ZIP	MIAMI, FL 00000			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemption stated in Section 19 07(3)(f), 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: *Michael J. Harrison*

1/19/05 (305) 633-5028