06-20-2005 90001 025 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUN 27 PM 12: 34

STATE ... FLORIDA

06132005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000117401

1. Entity Name
SPIRIT CRANE, INC.

Principal Place of Business	Mailing Address
9180 SW 54 STREET COOPER CITY, FL 33328 US	9180 SW 54 STREET COOPER CITY, FL 33328 US

2. Principal Place of Business		3. Mailing Address	
		7027 W. Broward Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 231	
City & State		City & State Plantation FL	
Zip	Country	Zip ~~FL~~ 33317	Country USA

4. FEI Number 20-1491515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANDER LINDE, DWIGHT K
9180 SW 54 STREET
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name: J McGONIGLE
Street Address (P.O. Box Number is Not Acceptable): 7027 WEST BROWARD BLVD ST 280
City: PLAN FL Zip Code 33317

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: J McGonigle
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 6/1/05

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDER LINDE, DWIGHT K 9180 SW 54 STREET COOPER CITY, FL 33328	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sheldon M. Schrager 9856 NW 2 ST Plantation Fl 33317	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/1/05 Daytime Phone #: 954-321-5900