

2005 FOR PROFIT CORPORATION ANNUAL REPORT

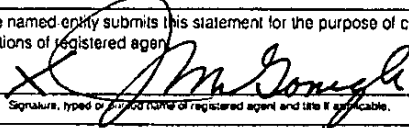
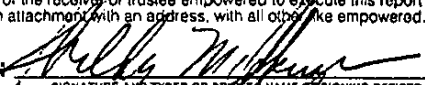
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STATE
FLORIDA



06132005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000117401			
1. Entity Name SPIRIT CRANE, INC.			
Principal Place of Business 9180 SW 54 STREET COOPER CITY, FL 33328 US		Mailing Address 9180 SW 54 STREET COOPER CITY, FL 33328 US	
2. Principal Place of Business		3. Mailing Address 7027 W. Broward Blvd 231	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Plantation FL	
Zip	Country	Zip	Country
		33317	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 PLANT 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 		DATE 4/6/05	
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. Schrage ☒ Change ☐ Addition 9856 NW 2 ST Plantation FL 33317
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
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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 		DATE 4/6/05 954-821-5900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	