

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072077

FILED
Feb 13, 2005
Secretary of State

Entity Name: HI-RISE CRANE, INC.

Current Principal Place of Business:

792 NE 45TH STREET
FT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

792 NE 45TH STREET
FT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 65-0695548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAIN, DAVID D
2121 N CONFERENCE DR
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HATHAWAY, MICHAEL
Address: 231 NW 38TH PLACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: ST () Delete
Name: PAIN, DAVID D
Address: 2121 N CONFERENCE DR
City-St-Zip: BOCA RATON, FL 33486 US

Title: DV () Delete
Name: RETTERATH, ROBERT
Address: 2817 NE 32ND STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID D. PAIN

ST

02/13/2005

Electronic Signature of Signing Officer or Director

_____ Date