


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000023377
 1. Entity Name
HUNTER CRANE, INC.



Principal Place of Business: **2041 MAPLEWOOD DRIVE CORAL SPRINGS FL 33071**
 Mailing Address: **2041 MAPLEWOOD DRIVE CORAL SPRINGS FL 33071**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
FROETSCHER, LINDA A
2041 MAPLEWOOD DRIVE
CORAL SPRINGS FL 33071

4. FEI Number: **65-0820684**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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 reinstating.) 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: **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE: VD	<input type="checkbox"/> Delete
NAME: FROETSCHER, RONALD W	
STREET ADDRESS: 2041 MAPLEWOOD DRIVE	
CITY-ST-ZIP: CORAL SPRINGS FL 33071	
TITLE: STD	<input type="checkbox"/> Delete
NAME: FROETSCHER, LINDA A	
STREET ADDRESS: 2041 MAPLEWOOD DRIVE	
CITY-ST-ZIP: CORAL SPRINGS FL 33071	
TITLE: PSTD	<input type="checkbox"/> Delete
NAME: FROETSCHER, LINDA A	
STREET ADDRESS: 2041 MAPLEWOOD DRIVE	
CITY-ST-ZIP: CORAL SPRINGS FL 33071	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
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: *Linda A Froetscher as President*
LINDA A. FROETSCHER **1-27-05** **954-346-1925**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #