

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 162058

1. Entity Name

A M TRANSFER & CRANE SERVICE INC



Principal Place of Business

**610 STATE ROAD 66
SEBRING, FL 33875**

Mailing Address

**610 STATE ROAD 66
SEBRING, FL 33875**



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0611391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, JOHN A
116 RANCHERO DRIVE
SEBRING, FL 33876**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S**
NAME **SMITH, ELSIE**
STREET ADDRESS **250 CLOVERLEAF ROAD**
CITY-ST-ZIP **LAKE PLACID, FL 00000,**

TITLE **VD**
NAME **SMITH, THOMAS E**
STREET ADDRESS **250 CLOVERLEAF ROAD**
CITY-ST-ZIP **LAKE PLACID, FL 00000,**

TITLE **PD**
NAME **SMITH, JOHN A.**
STREET ADDRESS **116 RANCHERO DR.**
CITY-ST-ZIP **SEBRING, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000552178
05/15/06-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

John A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06

Date

863-382-2067

Daytime Phone #