

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 280898**

1. Entity Name  
**FLORIDA RIGGING & CRANE COMPANY INC**



Principal Place of Business

P.O. BOX 680520  
MIAMI, FL 33168-0520 US

Mailing Address

P.O. BOX 680520  
MIAMI, FL 33168-0520 US

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1058759**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD & MCDONALD  
1393 SW FIRST STREET  
SUITE 200  
MIAMI, FL 33135-2386

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP UTVICH, MICHAEL 10340 N.W. 37TH AVE. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS UTRICH, LORNA R 6305 CASTANEDA MIAMI, FL 331463410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CST UTRICH, GREGORY T 13121 LEJUNE OPA LOCKA, FL 330544435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/02/05-80060-022 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL UTVICH, C.E.O**

Date

Daytime Phone #

**4/27/05 305-688-2222**