

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 020 ***150.00

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



02052007 No Chg-P CR2E034 (11/05)

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**

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C.E.O. - D
NAME	UTVICH, MICHAEL
STREET ADDRESS	10340 N.W. 37TH AVE.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	C.S.T. - D
NAME	UTRICH, LORNA R
STREET ADDRESS	6305 CASTANEDA
CITY-ST-ZIP	MIAMI, FL 331463410
TITLE	PRES. - D.
NAME	UTRICH, GREGORY T
STREET ADDRESS	13121 LEJUNE
CITY-ST-ZIP	OPA LOCKA, FL 330544435
TITLE	CHMN. - D
NAME	UTVICH, DARYL
STREET ADDRESS	P.O. BOX 622462
CITY-ST-ZIP	ORLANDO, FL 32862-2462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **C.E.O. MICHAEL UTVICH** 3/27/07 305/688-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #