2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# 625687

Entity Name: KALFS CRANE SERVICE, INC.

Current Principal Place of Business:

1459 NORTHEAST 21ST ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1459 NORTHEAST 21ST ST
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1926979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALFS, HENRY RANDAL
1459 NORTHEAST 21ST ST
OCALA, FL 32670 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: PTD ( ) Delete
Name: KALFS, HENRY RANDAL,
Address: 1459 N.E. 21ST ST
City-St-Zip: OCALA, FL

Title: SD ( ) Delete
Name: KALFS, PATRICIA IVY,
Address: 1459 N.E. 21ST ST
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: KALFS, WILLIAM R
Address: 1815 N.E. 30 ST.
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: KALFS, HENRY RANDAL,
Address: 1459 N.E. 21ST ST
City-St-Zip: OCALA, FL 34470 US

Title: SD (X) Change ( ) Addition
Name: KALFS, PATRICIA IVY,
Address: 1459 N.E. 21ST ST
City-St-Zip: OCALA, FL 34470 US

Title: D (X) Change ( ) Addition
Name: KALFS, WILLIAM R
Address: 1815 N.E. 30 ST.
City-St-Zip: OCALA, FL 34479 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA I KALFS SD 01/10/2009

Electronic Signature of Signing Officer or Director Date