## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 628651** 

Address:

City-St-Zip:

2948 COLFAX STREET

EUSTIS, FL 327267930

Entity Name: HIGHSMITH BROS CRANE & EXCAVATING INC

FILED Apr 27, 2007 Secretary of State

y	er Tilotioivi	THE BROOK OF CHARLES & EXCENTER	VIIIVO, IIVO.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
226 W 2NI APOPKA,	D STREET FL 32703				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P O BOX 2 APOPKA,	2141 FL 32704214 <sup>.</sup>	ı			
FEI Number	: 59-1928973	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
22638 STA SORRENT	TH, BILLY A PF ATE ROAD 46 TO, FL 32776	7706 US	ournose of changing its registered	office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	Toffice of registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( HIGHSMITH, B 22638 STATE SORRENTO, F	ROAD 46	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD ( TODD, JACK N 588 ROBIN CO APOPKA, FL 3	PURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STD ( REISING, DINA	) Delete MM	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DINA M. REISING STD 04/27/2007