


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F42736**  
 1. Entity Name  
**SOUTHERN CRANE AND TRACTOR SUPPLY, INC.**



Principal Place of Business  
 7413 UTILITIES RD  
 PUNTA GORDA, FL 33982

Mailing Address  
 7413 UTILITIES RD  
 PUNTA GORDA, FL 33982



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2125925** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHISHOLM, JAMES**  
**9292 BURNT STORE RD.**  
**PUNTA GORDA, FL 33950**

**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 remaining) (DATE)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$360.00**

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


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>POD</b> <b>CHISHOLM, JAMES</b> <b>9292 BURNT STORE RD.</b> <b>PUNTA GORDA, FL 33950</b>
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 01/28/05-80050-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(9)(b), 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 the empowerment.

**SIGNATURE:**  **JAMES H CHISHOLM** **94-637-7112**

DATE: **JAN 26, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)