


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # G77653 1. Entity Name BUD KEENE CRANE RENTAL INC.		
Principal Place of Business 4645 STATE RD 60 MULBERRY, FL 33860	Mailing Address 4645 STATE RD 60 MULBERRY, FL 33860	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KEENE, W. K. 2407 TRAPNELL ROAD PLANT CITY, FL 33566		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000085726 03/11/04-80059-012 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KEENE, WILLIAM K 2407 TRAPNELL ROAD PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD KEENE, WILLIAM KIP 1106 S TEAKWOOD DR PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD KEENE, LAVERNE LETT 2407 TRAPNELL ROAD PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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: <i>William K. Keene</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-5-04 863- 425-4510 <small>Date Daytime Phone #</small>