

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04618

1. Entity Name
R. W. JOSEPHSON CRANE SERVICE, INC.



Principal Place of Business
9105 SE C-25
BELLEVIEW, FL 34420 US

Mailing Address
9105 SE C-25
BELLEVIEW, FL 34420 US



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2945180

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARY JOSEPHSON
9105 S.E. C-25
BELLEVIEW, FL 32620

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000558703
05/17/06-80106-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOSEPHSON, GARY L.
STREET ADDRESS	9105 SE C-25
CITY - ST - ZIP	BELLEVIEW, FL
TITLE	V
NAME	JOSEPHSON, GARY
STREET ADDRESS	9105 SE C-25
CITY - ST - ZIP	BELLEVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: Gary Josephson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Date

Daytime Phone #