

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 009 ***150.00

DOCUMENT # L66465

1. Entity Name

CRANE & EQUIPMENT CONSULTING, INC.



Principal Place of Business

22 LAKE BEAUTY DR
STE - 100
ORLANDO FL 32806
US

Mailing Address

22 LAKE BEAUTY DRIVE
#100
ORLANDO FL 32806
US

2. Principal Place of Business

3704 CONWICK DR.

Suite, Apt. #, etc.

3. Mailing Address

CRANE & EQUIP. CONSULT

Suite, Apt. #, etc.

PO BOX 1426



MOORE

CR2E034 (11/03)

City & State

SOUTHPORT, FL

City & State

LYNN HAVEN, FL

Zip

32409

Country

US

Zip

32444

Country

USA

4. FEI Number

59-3014709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERCER, BRUCE R.
2859 HERTHA AVE.
ORLANDO FL 32826

R. BRUCE
3704 CONWICK DR
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name ~~R. BRUCE R. MERCER~~

Street Address (P.O. Box Number is Not Acceptable)

~~PO BOX 1426~~

City

LYNN HAVEN

FL

Zip Code

32444

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

BRUCE R. MERCER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MERCER, MARTHA	
STREET ADDRESS	2859 HERTHA AVE.	
CITY-ST-ZIP	ORLANDO FL 32826	3704 CONWICK DR SOUTHPORT FL 32409
TITLE	STD	<input type="checkbox"/> Delete
NAME	MERCER, BRUCE R.	
STREET ADDRESS	2859 HERTHA AVE.	
CITY-ST-ZIP	ORLANDO FL 32826	3704 CONWICK DR SOUTHPORT FL 32409
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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:

BRUCE R. MERCER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

Date

850-2712690

Daytime Phone #