


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90040 038 ***150.00

DOCUMENT # P00000018819 1. Entity Name CAPPS CRANE SERVICE, INC.			
Principal Place of Business 1905 LONG AVENUE PORT ST. JOE, FL 32456		Mailing Address 1905 LONG AVENUE PORT ST. JOE, FL 32456	
2. Principal Place of Business 107 Ramsey Circle		3. Mailing Address 107 Ramsey Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Port St. Joe, FL		City & State Port St. Joe, FL	
Zip 32456		Zip 32456	
Country 		Country 	
6. Name and Address of Current Registered Agent CAPPS, FREDDIE J 1905 LONG AVENUE PORT ST. JOE, FL 32456		7. Name and Address of New Registered Agent Name Capps, Freddie J. Street Address (P.O. Box Number is Not Acceptable) 107 Ramsey Circle City Port St. Joe FL Zip Code 32456	
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: <u><i>Freddie J. Capps</i></u> 3-9-05 (NOTE: Registered Agent signature required when reinstating) COATES			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPPS, FREDDIE J 1906 LONG AVENUE PORT SAINT JOE, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 107 Ramsey Circle Port St. Joe, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPPS, BERTHA F 1905 LONG AVE. PT. ST. JOE, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 107 Ramsey Circle Port St. Joe, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Freddie J. Capps</i></u> Freddie J. Capps 3-9-05 (850)229-9481 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

50026813



03042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3626573

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