


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000038626
 1. Entity Name
 THREE RIVERS CRANE SERVICE, INC.



Principal Place of Business 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442	Mailing Address 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442
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01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3638054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROOKS, KENNETH
 FITZGERALD & BROOKS, P.A.
 6839 CAROLINE STREET
 MILTON, FL 32570

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000043509
 02/10/04-80068-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OUTLAW, RICHARD P 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD OUTLAW, LYNN G 1043 ST. ROSE ROAD GRAND RIDGE, FL 32442
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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: Lynn G. Outlaw Lynn G. Outlaw 2-6-04 950-592-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #