

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00
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



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3638054	Applied For Not Applicable
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5. Certificate of Status Desired \$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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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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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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IN THIS SPACE**

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 2-27-05 850-592-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #