2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P0000048608 1. Entity Name FERRELL'S CRANE SERVICE, INC.								Jan 27, 2004 08:00 AM Secretary of State
Oweriest Dise	(8	_		- A &		100 11 10	-	
Principal Placi		Ş		Mailing Address				
TALLAHASS			1734 RUBY ROAD TALLAHASSEE FL 32303					
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2. Principal P	lace of Busin	ness	3. Ma	3. Mailing Address				
Suite, Apt	# etc		Suit	Suite, Apt. #, etc			-	\$ \$223(22) 35 \$237 22;55 22;55 22;11 22;11 22;11 22;11 22;12 22;11 22;11 22;11 22;11 22;11 22;11 22;11 22;11 23
33,13,149.	11, 410			Conto, Non II, Cio				MOORE CR2E034 (11/03)
City & State	e		City	City & State			4.	FEI Number 59-3650138 Applied For Not Applied.
Zip	Zip Country				5. Certificate of Status Desired \$ \$8.75 Additional			
6. Name and Address of Current			ent Benister	ad Acant	T		Fee Required Name and Address of New Registered Agent	
	o. Hame	and Address of Con-		eu Agein		Name	. * . !	uanie am voctass of tiek Gedistalen võett
1734	RELL, JC 4 RUBY F	ROAD	Street Addres			(P.O. E	Box Number is Not Acceptable)	
TAL	LAHASS							
						City		Zip Code
 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 							red ag	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whon reinstating) DATE								
Trust Fund Contribution Added								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS							47	POLITICALO (CLAMOSO TO OFFICERO 11/2 OVERGOTO DE L'A
TILE	P	OFFICERS A	ND DIRECTO	Delete	11.		A.	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 100000014549
NAME	FERRELL,			and poloto	NAM	" l		01/27/04-80027-017 150.00
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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 changed, or on an attachment with an address, withall other like empowered.								
SIGNATURE: 40 2 2 7 700 TONN D. FERREN 1-21-04 585-1287								

FILED

1-21-04 505-1187