


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90190 001 ***450.00

DOCUMENT # P00000095854	
1. Entity Name YOUNG'S CRANE SERVICE L.B.K., INC.	

Principal Place of Business 524 GULF BAY RD LONGBOAT KEY, FL 34228	Mailing Address <u>16528 N. Dale Mabry Hwy.</u> 3355 BEARSS AVE TAMPA, FL 33681
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <u>16528 N. Dale Mabry Hwy.</u> Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33618	Country US

01292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1045836	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAJALA, TERESA L KIRK PINKERTON, A PROFESSIONAL ASSOCIATION 720 SOUTH ORANGE AVE. SARASOTA, FL 34236
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7. Name and Address of New Registered Agent Name <u>Sanders, Walter</u> Street Address (P.O. Box Number is Not Acceptable) <u>16528 N. Dale Mabry Hwy.</u> City <u>Tampa</u> FL Zip Code <u>33618</u>

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>Walter Sanders</u>	<u>Walter Sanders</u>	DATE <u>4/20/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete <u>SANDERS, WALTER</u> <u>3355 BEARSS AVE</u> <u>16528 N Dale Mabry Hwy.</u> <u>TAMPA, FL 33618</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Sanders, Walter</u> <u>16528 N. Dale Mabry Hwy.</u> <u>Tampa, FL 33618</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Walter Sanders</u>	<u>Walter Sanders</u>	DATE <u>4/20/05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		