


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000066803					
1. Entity Name HAND'S CRANE SERVICE, INC.					
Principal Place of Business 17221 61ST PLACE NORTH LOXAHATCHEE FL 33470			Mailing Address 17221 61ST PLACE NORTH LOXAHATCHEE FL 33470		
2. Principal Place of Business Same			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1122934	
5. Name and Address of Current Registered Agent MCDONOUGH, MICHAEL D 12798 FOREST HILL BLVD. STE 201A WEST PALM BEACH FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	HAND, JEFFREY L		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	17221 61ST PLACE N		NAME		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		STREET ADDRESS		
TITLE	VPST	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	HAND, LAURIE J		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	17221 61ST PLACE N		NAME		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		STREET ADDRESS		
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
TITLE		<input type="checkbox"/> Delete	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 807, 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: Laurie J. Hand (Laurie J. Hand) 2-26-06 561 798-157