


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000066803</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MCDONOUGH, MICHAEL D 12798 FOREST HILL BLVD. STE 201A WEST PALM BEACH, FL 33414		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAND, JEFFREY L 17221 61ST PLACE N LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HAND, LAURIE J 17221 61ST PLACE N LOXAHATCHEE, FL 33470	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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>Laurie J. Hand Laurie J. Hand</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>Jan. 28, 2008</u> Daytime Phone #: <u>561 798-1571</u>



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1122934	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000810067  
02/08/08-80048-010 158.75

**DO NOT WRITE  
IN THIS SPACE**