
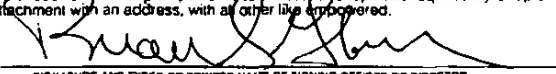


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-13-2007 90172 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000067712		
1. Entity Name TAMPA CRANE & BODY, INC.		
Principal Place of Business 5701 NORTH 50TH ST. TAMPA, FL 33610		Mailing Address PO BOX 290264 TAMPA, FL 33687
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOORE, STEVEN W STEVEN W. MOORE, P.A. 8200 BRYAN DAIRY RD., STE. 300 LARGO, FL 33777		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and used if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLOVER, BRIAN 5701 NORTH 50TH ST. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLOVER, DINA 5701 NORTH 50TH ST. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Brian S. Glover, President		4-10-07 (813) 246-5510 <small>Date Daytime Phone</small>