

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000111333

1. Entity Name
ROUNTREE CRANE & RIGGING, INC.



Principal Place of Business
2640 N LANE AVE
JACKSONVILLE, FL 32254 US

Mailing Address
2640 N. LANE AVE.
JACKSONVILLE, FL 32254 US



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1155186

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RUNCK, THOMAS D PRES
2640 N LANE AVE
JACKSONVILLE, FL 32254

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000545629
01/23/07-80046-022 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RUNCK JR, THOMAS D
2640 N LANE AVE
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROUNTREE, JAMES J SD
2640 NORTH LANE AVENUE
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ROUNTREE, MICHAEL D TD
2640 N LANE AVE
JACKSONVILLE, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #