2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90120 035 ***158.75

08302004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000026704

1. Entity Name
SHADD GRABER CRANE CORP

Principal Place of Business	Mailing Address
938 GANTT AVENUE SARASOTA, FL 34232	PMB 138 5436 FRUITVILLE RD. SARASOTA, FL 34232

2. Principal Place of Business	3. Mailing Address
11430 MJ Road	11430 MJ Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Myakka City FL	City & State: Myakka City FL
Zip: 34251 County: Manatee	Zip: 34251 County: Manatee

4. FEI Number: 04-3615457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROYER, PAMELA
7543 N LEEWYNN DRIVE
SARASOTA, FL 34240

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 ____________________
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GRABER, SHADD	NAME	
STREET ADDRESS	938 GANTT AVENUE	STREET ADDRESS	11430 MJ Road
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	Myakka City, FL 34251
TITLE	M ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GRABER, LORRIE A	NAME	
STREET ADDRESS	938 GANTT AVE.	STREET ADDRESS	11430 MJ Road
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	Myakka City, FL 34251
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Lorrie A. Graber Lorrie A. Graber 8-30-04 941-322-2764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #