

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000042775

1. Entity Name
AMERICAN EAGLE TRUCK CRANE CORP.



Principal Place of Business
**% FRANK JOSEPH NESSLER
8335 N.W. 64TH STREET
MIAMI, FL 33166**

Mailing Address
**% FRANK JOSEPH NESSLER
8335 N.W. 64TH STREET
MIAMI, FL 33166**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2095929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTHET, ALEXANDER ESQ.
200 S. BISCAYNE BLVD., SUITE 1800
MIAMI, FL 33131**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000924257
05/16/08-60086-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NESELER, FRANK K
STREET ADDRESS	8335 NW 64 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	WETHERINGTON, TROY
STREET ADDRESS	4809 NW 20 PL
CITY-ST-ZIP	COCONUT CREEK, FL 33063
TITLE	S
NAME	GREGORY, CHAD
STREET ADDRESS	106 EVERGREENE PKWY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33910
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

4/22/08

Date

305-91-2155

Daytime Phone