

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 031 ***150.00

DOCUMENT # P02000061224

1. Entity Name
THUNDER CRANE & EQUIPMENT, INC.




Principal Place of Business Mailing Address
 1915 KETTLER DRIVE 1915 KETTLER DRIVE
 LUTZ, FL 33549 LUTZ, FL 33549

2. Principal Place of Business 3. Mailing Address
7802 West Drive **7802 West Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wesley Chapel, FL **Wesley Chapel, FL**
 Zip Country Zip Country
33544 **USA** **33544** **USA**

40057444



01122006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
81-0554214 Not Applicable

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

6. Name and Address of Current Registered Agent
ROBINSON, LORI L
1915 KETTLER DRIVE
LUTZ, FL 33549
** Change of Address Only **

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LORI L	NAME	
STREET ADDRESS	1915 KETTLER DRIVE 7802 West Drive	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549 Wesley Chapel, FL 33544	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN B	NAME	
STREET ADDRESS	1915 KETTLER DRIVE 7802 West Drive	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549 Wesley Chapel, FL 33544	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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  **John B. Robinson - V President** 1-13-06 (813) 310-5105
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #