2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000096774

1. Entity Name
PALM COAST CRANES INC.

Principal Place of Business	Mailing Address
PO BOX 1811	PO BOX 1811
DELEON SPRINGS, FL 32130	DELEON SPRINGS, FL 32130

DO NOT WRITE IN THIS SPACE

03162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0642108	Not Applicable

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

6. Name and Address of Current Registered Agent

MCINNIS, JOANN
1358 Good Earth Drive
Deleon Springs, Fl. 32130

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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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MCINNIS, JULIAN
STREET ADDRESS	POST OFFICE BOX 1811
CITY-ST-ZIP	DELEON SPRINGS, FL 32130

TITLE	VS
NAME	MCINNIS, JOANN
STREET ADDRESS	POST OFFICE BOX 1811
CITY-ST-ZIP	DELEON SPRINGS, FL 32130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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 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: _JoAnn McInnis_ JoAnn McInnis   3-23-05   386-804-6446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #