

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000103832

1. Entity Name
BUZ WISEMAN CRANE SERVICE INC.



Principal Place of Business
101851 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

Mailing Address
101851 OVERSEAS HIGHWAY
KEY LARGO, FL 33037



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2127349

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOROWITZ, EDNA M
208 TIDE AVENUE
TAVERNIER, FL 33070

**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

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 NAME STREET ADDRESS CITY - ST - ZIP	PD WISEMAN, GARY R 101851 OVERSEAS HIGHWAY KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD WISEMAN, LYNN A 101851 OVERSEAS HIGHWAY KEY LARGO, FL 33037
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/21/05-80065-005 150.00

**DO NOT WRITE
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)(f), 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

1/17/05

Date

365-451-2500

Daytime Phone #