


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90041 012 \*\*\*150.00

<b>DOCUMENT # P03000119445</b> 1. Entity Name SOUTHEAST CRANE SERVICE INC.	
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Principal Place of Business 7291 HONDA DR JACKSONVILLE, FL 32222	Mailing Address 7291 HONDA DR JACKSONVILLE, FL 32222
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3779185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GRACE, TIMOTHY W SR 7291 HONDA DR JACKSONVILLE, FL 32222	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRACE, TIMOTHY W 7291 HONDA DR JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACE, EVELYN E 7291 HONDA DR JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SHEPPARD, VIRGINIA E 7291 HONDA DR JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Evelyn E. Grace Evelyn E. Grace 4-17-08 (904) 777-3622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #