

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 019 ***150.00

DOCUMENT # P03000123090

1. Entity Name
JOHNNY ALLEN CRANE, INC.



Principal Place of Business
**21671 CENTER STREET
ALVA, FL 33920**

Mailing Address
**21671 CENTER STREET
ALVA, FL 33920**

54060014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-3707563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, JOHNNY
21671 CENTER STREET
ALVA, FL 33920**

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ALLEN, JOHNNY**
STREET ADDRESS **21671 CENTER STREET**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE ☐ Change ☒ Addition
NAME **P,VP,T & SEC**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Johnny Allen Crane INC**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-04 (239) 728-2504
Date Daytime Phone #

Alta Crane

54060014

ANITA CLEGG SKIPPER, P.A.
Certified Public Accountant
5601 8th Street W
Suite 2
Lehigh Acres, Florida 33971
239/369-7878
Fax 239/369-2295

13000123090

July 2, 2004

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Re: Johnny Allen Crane, Inc.
RE: 2004 For Profit Corporation Annual Report

Please abate the penalty of \$400.00 taxpayer never received the first notice regarding the filing of the Annual Report. They have had a problem with their mail being received at the address above.

Thank you for your prompt attention to this matter. If you have any questions please contact me.

Sincerely yours,

Anita Clegg Skipper

Anita Clegg Skipper
Certified Public Accountant