


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000140016
 1. Entity Name
 RICHARD'S CRANE SERVICE, INC.



Principal Place of Business
 4725 CR 121-D
 WILDWOOD, FL 34785

Mailing Address
 P.O. BOX 482
 WILDWOOD, FL 34785



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

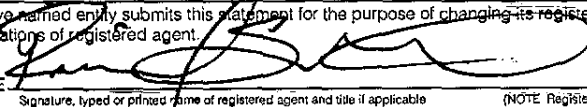
4. FEI Number 73-1687037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STATON, RICHARD B
 4725 CR 121-D
 WILDWOOD, FL 34785

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:  DATE: 01/29/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

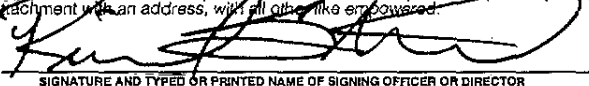
00000213851
 02/03/05-80005-021-150-75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP STATON, RICHARD B 4725 CR 121-D WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STATON, TANGIE 4725 CR 121-D WILDWOOD, FL 34785
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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:  DATE: 01/29/05 (352) 303-2594

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