

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146762

FILED
Jun 10, 2004
Secretary of State

Entity Name: SARASOTA CRANE SERVICE, INC.

Current Principal Place of Business:

2042 WELLS AVE
SARASOTA, FL 34232

New Principal Place of Business:

1998 EMBASSY RD
NORTH PORT, FL 34286

Current Mailing Address:

P.O. BOX 7015
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 54-2147457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAYDON, JAMES D III
1998 EMBASSY RD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GROCHOWSKI, CHERYL J
Address: 2042 WELLS AVE
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: GROCHOWSKI, ERNEST M
Address: 2042 WELLS AVE
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: CLAYDON, CHERIE L
Address: 1998 EMBASSY RD
City-St-Zip: NORTH PORT, FL 34286

Title: T () Delete
Name: WATTS, ANTHONY J
Address: 2042 WELLS AVE
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAYDON, CHERIE L
Address: 1998 EMBASSY RD
City-St-Zip: NORTH PORT, FL 34286

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PARTRIDGE, AARON R
Address: 6388 JORDAN ST
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MUNOZ, HECTOR
Address: 1998 EMBASSY RD
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERIE L CLAYDON

P

06/10/2004

Electronic Signature of Signing Officer or Director

_____ Date