

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146762

FILED  
Nov 18, 2004  
Secretary of State

Entity Name: SARASOTA CRANE SERVICE, INC.

## Current Principal Place of Business:

1998 EMBASSY RD  
NORTH PORT, FL 34286

## New Principal Place of Business:

## 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:

MUNOZ, HECTOR  
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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete  
Name: COFFIN, DAVID E  
Address: 1355 DEPRIE  
City-St-Zip: ENGLEWOOD, FL 34223

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MUNOZ, HECTOR  
Address: 2953 PADDOCK CT  
City-St-Zip: NORTH PORT, FL 34288

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

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

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

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: HECTOR MUNOZ

P

11/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date