

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146762

Entity Name: SARASOTA CRANE SERVICE, INC.

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

1998 EMBASSY RD
NORTH PORT, FL 34286

New Principal Place of Business:

3393 ULMAN AVE.
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 ()

Name and Address of Current Registered Agent:

MUNOZ, HECTOR
1998 EMBASSY RD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

MUNOZ, HECTOR
3393 ULMAN AVE.
NORTH PORT, FL 34286 US

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: HECTOR MUNOZ

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: S (X) Delete
Name: PARTRIDGE, AARON R
Address: 1062 SANGER ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Delete
Name: WATTS, ANTHONY J
Address: 18428 ACKERMAN AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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

RA

02/06/2006

Electronic Signature of Signing Officer or Director

Date