## **2005 FOR PROFIT CORPORATION**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## **ANNUAL REPORT**

DOCUMENT # P04000104590 SOUTHSIDE CRANE SERVICE, INC.

Country

5. Name and Address of Current Registered Agent

Principal Place of Business

374 COUNTY RAOD 207A EAST PALATKA, FL 32131

2. Principal Place of Business

Suite, Apt. #, etc.

MURROW, TRACY

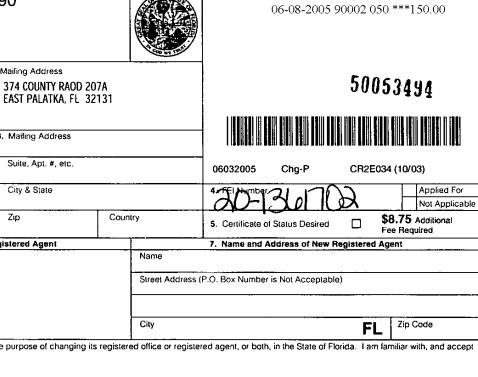
374 COUNTY RAOD 207A EAST PALATKA, FL 32131

City & State

Zip



## **FILED** Jun 08, 2005 8:00 am Secretary of State



			- 1				
			City		FL	Zip Cod	е
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 7, 2005  9. Election Campaign Trust Fund Contribu			ution.	\$5.00 May Be Added to Fees	In accordance with s. 607.1 corporation did not receive		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS	CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11
TITLE	PRES	Delete	TITLE			☐ Change	Addition
NAME	MURROW, JAMIE M		NAME				
STREET ADDRESS	374 COUNTY ROAD 207A		STREET ADDRESS				
CITY-SI-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP				
TITLE	VP	☐ Detete	TITLE			☐ Change	Addition
NAME	MURROW, TRACY		NAME				
STREET ADDRESS	374 COUNTY ROAD 207A		STREET ADDRESS				
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-S1-ZIP				
TITLE		Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CHTY-ST-ZIP				
DILE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CIIY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3Vi). 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.

Date Daytime Phone #