

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 001 ***150.00

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1. Entity Name
SOUTHSIDE CRANE SERVICE, INC.



Principal Place of Business
**374 COUNTY ROAD 207A
EAST PALATKA, FL 32131**

Mailing Address
**374 COUNTY ROAD 207A
EAST PALATKA, FL 32131**

40097499



06272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1361702

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURROW, TRACY
374 COUNTY ROAD 207A
EAST PALATKA, FL 32131**

**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 _____
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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
MURROW, JAMIE M
374 COUNTY ROAD 207A
EAST PALATKA, FL 32131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MURROW, TRACY
374 COUNTY ROAD 207A
EAST PALATKA, FL 32131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Jamie M. Murrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

Daytime Phone #