

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90020 033 \*\*\*150.00

<b>DOCUMENT # P05000037412</b> 1. Entity Name <b>ANCIENT CITY CRANE SERVICE INC</b>			
Principal Place of Business <b>908 WINDWARD WAY ST AUGUSTINE, FL 32080</b>		Mailing Address <b>908 WINDWARD WAY ST AUGUSTINE, FL 32080</b>	
2. Principal Place of Business <b>120 Crooked Tree Tr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>120 Crooked Tree Trail</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine, FL</b> Zip <b>32086</b> Country <b>USA</b>		City & State <b>St. Augustine, FL</b> Zip <b>32086</b> Country <b>USA</b>	
4. FEI Number <b>20-2470567</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONLON, EDWARD P. 908 WINDWARD WAY ST AUGUSTINE, FL 32080</b>		7. Name and Address of New Registered Agent Name <b>W.H. O'Connell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 N. Ponce de Leon Blvd Ste. 10</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32084</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CONLON, EDWARD P</b> <b>908 WINDWARD WAY</b> <b>ST AUGUSTINE, FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: <u>Deanna Hunter</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/20/06</b> <b>904 794-9699</b> <small>Date Daytime Phone #</small>	