


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 043 \*\*\*150.00

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<b>DOCUMENT # P05000037412</b> 1. Entity Name <b>ANCIENT CITY CRANE SERVICE INC</b>			
Principal Place of Business <b>120 CROOKED TREE TR</b> <b>SAINT AUGUSTINE, FL 32086</b>		Mailing Address <b>120 CROOKED TREE TR</b> <b>SAINT AUGUSTINE, FL 32086</b>	
2. Principal Place of Business - No P.O. Box # <b>2779 US 1 S.</b> Suite, Apt. #, etc. <b>Ste. A</b>		3. Mailing Address <b>120 Crooked Tree Trail</b> Suite, Apt. #, etc. 	
City & State <b>St. Augustine, FL</b> Zip <b>32086</b>		City & State <b>St. Augustine, FL</b> Zip <b>32086</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>O'CONNELL, W.H.</b> <b>2200 N PONCE DE LEON BLVD, STE 10</b> <b>SAINT AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 (NOTIF: Registered Agent signature required when re-stating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>CONLON, EDWARD P</b> STREET ADDRESS <b>908 WINDWARD WAY</b> CITY ST ZIP <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
TITLE <b>OFFICE MGR</b> NAME <b>Deanna Hunter</b> STREET ADDRESS <b>3175 US 1 S. Ste 9</b> CITY ST ZIP <b>St. Augustine, FL 32086</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:</b> <u>Deanna Hunter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/23/07</u> <u>904-794-9699</u> <small>Date Daytime Phone #</small>	