

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037412

Entity Name: ANCIENT CITY CRANE SERVICE INC

FILED  
Jul 29, 2008  
Secretary of State

## Current Principal Place of Business:

2779 US 1 S  
STE A  
SAINT AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

120 CROOKED TREE TRAIL  
SAINT AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 20-2470567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNELL, W.H.  
2200 N PONCE DE LEON BLVD, STE 10  
SAINT AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONLON, EDWARD P  
Address: 908 WINDWARD WAY  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR ( ) Delete  
Name: HUNTER, DEANNA  
Address: 3175 US 1 S STE 9  
City-St-Zip: SAINT AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONLON, EDWARD P  
Address: 120 CROOKED TREE TRAIL  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR (X) Change ( ) Addition  
Name: HUNTER, DEANNA  
Address: 2779 A US 1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD P CONLON

MR.

07/29/2008

Electronic Signature of Signing Officer or Director

Date