

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069319

Entity Name: WISHARD CRANE, INC.

FILED
Apr 06, 2008
Secretary of State

Current Principal Place of Business:

4125 STATE ROAD 16
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

4125 STATE ROAD 16
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

4125 STATE ROAD 16
ST. AUGUSTINE, FL 32092

New Mailing Address:

PO BOX 2173
SAINT AUGUSTINE, FL 32085 US

FEI Number: 16-1725446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S VOLUSIA AV, SUITE C
ORANGE CITY, FL 32763 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISHARD, DAVID K
Address: 4125 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD () Delete
Name: LAIRD, CYNTHIA G
Address: 4125 STATE ROAD 16
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID K WISHARD

PD

04/06/2008

Electronic Signature of Signing Officer or Director

_____ Date