



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 007 \*\*\*150.00

<b>DOCUMENT # P06000042296</b> 1. Entity Name <b>TRISTAN'S CRANE SERVICE, INC.</b>					
Principal Place of Business <b>1526 UNIVERSITY BLVD WEST STE 102 JACKSONVILLE, FL 32217</b>				Mailing Address <b>1526 UNIVERSITY BLVD WEST STE 102 JACKSONVILLE, FL 32217</b>	
2. Principal Place of Business - No P.O. Box # <b>10536 HOOD RD SOUTH</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>10536 HOOD RD SOUTH</b> Suite, Apt. #, etc. <b>101</b>			
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>20-4623047</b>	
Zip <b>32257</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRISTAN, NORBERTO</b> <b>1526 UNIVERSITY BLVD WEST STE 102</b> <b>JACKSONVILLE, FL 32217</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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS <b>TRISTAN, NORBERTO</b> <b>1526 UNIVERSITY BLVD WEST STE 102</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS <b>TRISTAN, NORBERTO</b> <b>11294 KINROSS CT</b> <b>JACKSONVILLE, FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TRISTAN, NORBERTO</b> <b>1526 UNIVERSITY BLVD WEST STE 102</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TRISTAN, LAURA</b> <b>11294 KINROSS CT</b> <b>JACKSONVILLE, FL 32257</b> <input checked="" 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/23/08</b> Daytime Phone #		