

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000017805
 1. Entity Name
RICK'S CRANE SERVICE, INC.

Principal Place of Business Mailing Address
 P.O. DRAWER 1118 P.O. DRAWER 1118
 LAKE CITY, FL 32056 LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3167645 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 NAIL, W E
 HIGHWAY 247
 LAKE CITY, FL 32055

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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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAIL, RICHARD W POST OFFICE DRAWER 1118 N/A LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAIL, STEVEN H POST OFFICE DRAWER 1118 N/A LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NAIL, W E POST OFFICE DRAWER 1118 N/A LAKE CITY, FL 32056
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 04/19/04-80033-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or without authority.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #