


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90372 038 \*\*\*150.00

**DOCUMENT # P94000005705**

1. Entity Name  
**ACTION CRANE TECH, INC.**



Principal Place of Business: **18101 TURTLE BEACH WAY TAMPA FL 33647 US**

Mailing Address: **P.O. BOX 2728 VALRICO FL 33595-2728 US**

2. Principal Place of Business: **816 Citrus Wood Lane**

3. Mailing Address: **same**

Suite, Apt. #, etc.

City & State: **Valrico, Florida**

City & State

ZIP: **33594**

Country



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-3219968**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**PINCIOTTI, GLENN F**  
~~18101 TURTLE BEACH WAY TAMPA FL 33647~~

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): **816 Citrus Wood Ln Valrico, FL 33594**

FL Zip Code

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: 

Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

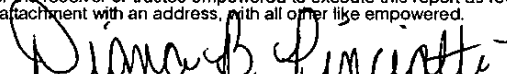
10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PINCIOTTI, GLENN F</b>
STREET ADDRESS	<del>18101 TURTLE BEACH WAY TAMPA FL 33647</del>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PINCIOTTI, DIANA</b>
STREET ADDRESS	<del>18101 TURTLE BEACH WAY TAMPA FL 33647</del>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Glenn &amp;</b>
STREET ADDRESS	<b>816 Citrus Wood Ln</b>
CITY-ST-ZIP	<b>Valrico, FL 33594</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

4/12/05 813-655-3919

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