

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000035151**

1. Entity Name  
**HERSHELL'S CRANE SERVICE, INC.**



Principal Place of Business  
**3265 NW 4TH ST  
NAPLES, FL 34120 US**

Mailing Address  
**3265 NW 4TH ST  
NAPLES, FL 34120 US**



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0504483**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STALLING, HERSHELL  
3265 NW 4TH ST  
NAPLES, FL 34120-6446**

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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	STALLING, HERSHELL J
STREET ADDRESS	3265 NW 4TH ST
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	D
NAME	STALLING, LINDA
STREET ADDRESS	3265 NW 4TH ST
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	VP
NAME	STALLING, ADAM
STREET ADDRESS	3265 NW 4TH STREET
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Hershell J Stalling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_