

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000059420

1. Entity Name  
ASTRO CRANE & HOIST SERVICES, INC.



Principal Place of Business  
2744 KIMBERLEE LN  
KISSIMMEE, FL 34744-3838 US

Mailing Address  
P.O. BOX 420038  
KISSIMMEE, FL 34742-038 US

**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3259239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCINTEE, JOHN E  
241 E. RUBY AVE.  
SUITE B  
KISSIMMEE, FL 34741

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

U000000939380  
05/28/08-80025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME DENT, ROBERT L  
STREET ADDRESS 2744 KIMBERLEE LANE  
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE VD  
NAME DENT, DEBRA J  
STREET ADDRESS 2744 KIMBERLEE LN  
CITY - ST - ZIP KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:** *Robert L. Dent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/28/2008 (407) 518-1400*

Date Daytime Phone #