## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 11, 2007 08:00 AM **DOCUMENT # P95000011459 Secretary of State** B & C CRANE SERVICE, INC. Principal Place of Business Mailing Address 6217 N.W. 123RD PLACE P.O. BOX 1476 ALACHUE, FL 32616 ALACHUA, FL 32616 CR2E034 (11/05) 01052007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3305843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURNAHAN, BRYAN DO NOT WRITE 19014 NW 156TH AVENUE ALACHUA, FL 32615-8052 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) \$5.00 May Be 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MURNAHAN, BRYAN NAME STREET ADDRESS 19014 NW 156TH AVENUE CITY-ST-ZIP ALACHUA, FL 326158052 U00000583468 01/11/07-80072-012 150.00 TIT! F PHILLIPS, CURTIS NAME STREET ADDRESS 8769 SW 110TH ST CITY-ST-ZIP NEWBERRY, FL 32669 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 attachmen

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

rice President