

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90219 014 **: \$100.00

DOCUMENT # P95000039544 1. Entity Name LAKELAND CRANE CORPORATION	
---	---

Principal Place of Business 3029 REYNOLDS ROAD #B LAKELAND, FL 33803-8327 US	Mailing Address 3029 REYNOLDS RD. #B LAKELAND, FL 33803-8327 US
--	---



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3360542	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARTMAN, STEPHEN H 908 SOUTH FLORIDA AVE STE 102 LAKELAND, FL 33803
--

**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 _____ (NOTE: Registered Agent signature required when reinstated) DATE _____
Signature typed or printed name of registered agent and title if applicable.

**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**

~~UD00000144646~~ **06**
~~04/30/04-90140-018 150.00~~

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, RANDY A 1860 WEST SOCRUM LOOP ROAD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRICKLAND, BARBARA 3029 REYNOLDS ROAD #B LAKELAND, FL 338038327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700039070977
07/13/04--01072--002 **50.00

**DO NOT WRITE
IN THIS SPACE**

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: Barbara A. Strickland **Barbara A. Strickland 4-29-04 863-665-1782**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #