


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000063274		
1. Entity Name CENTRAL CONSTRUCTION RIGGING AND HEAVY HAULING, INC.		

Principal Place of Business PO BOX 180 HOMELAND, FL 33847 US	Mailing Address PO BOX 180 HOMELAND, FL 33847 US
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2. Principal Place of Business 4251 Hwy 17 South Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Bartow, FL	City & State
Zip 33830	Country Polk

FILED
05 JAN 14 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072005	REIN-P	CR2E098 (6/04)	MRS
4. FEI Number 59-3334972	Applied For Not Applicable		
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SPIVEY, VICKIE M DE LA BOSQUE AVE. BARTOW, FL 33830	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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: Vickie M. Spivey pres. DATE: 1/12/05

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

FILE NOW!!! FEE IS \$900.00	REINSTATEMENT 04-05
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPIVEY, VICKIE M 880 DE LA BOSQUE AVE. BARTOW, FL 33830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SPIVEY, RANDALL J 880 DE LA BOSQUE AVE. BARTOW, FL 33830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vickie M. Spivey Vickie M. Spivey 1/12/05 (863) 533-4567

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