

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 028 ***150.00

DOCUMENT # P96000041136

1. Entity Name
GATOR CRANE SERVICE, INC.



Principal Place of Business

**118 W. GRANT ST
BUILDING N
ORLANDO, FL 32806 US**

Mailing Address

**118 W. GRANT STREET
BUILDING N
ORLANDO, FL 32806 US**

40074447



2. Principal Place of Business - No P.O. Box #

1900 Diversified Way
Suite, Apt. #, etc.

3. Mailing Address

1900 Diversified Way
Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3379944

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REEVES, ERNEST
118 W GRANT ST
BLDG "N"
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name **Reeves, Ernest**

Street Address (P.O. Box Number is Not Acceptable)

1900 Diversified Way

City

Orlando

FL

Zip Code

32804

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.

Ernest Reeves

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **REEVES, ERNEST R**
STREET ADDRESS **118 GRANT STREET**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1900 Diversified Way**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest Reeves

Date

4-18-07

Daytime Phone #

407-578-2430