## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P97000024237 BROOKSVILLE CRANE SERVICE, INC. Principal Place of Business Mailing Address 24478 DORSEY SMITH RD 24478 DORSEY SMITH RD **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & Stato Applied For 59-3439511 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDS, ARTHUR C 24478 DORSEY SMITH RD Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34601** City 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 . 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition HIIIC ☐ Delete III1 { FIELDS, ARTHUR C NAME. 24478 DORSEY SMITH RD STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34601** CITY-SI-7IP CITY-ST-ZIP <u> 1100000708926</u> /24/07-80135-002<u>□1\$</u>@@00□ Addition STD ☐ Delete FIELDS, DONNA L NAMI: NAME 24478 DORSEY SMITH RD STREET, LADDRESS STREET ADDRESS **BROOKSVILLE FL 34601** CHY-SI-7IP CHY-SI-7IP TITLE PD ☐ Delete THE ☐ Change ☐ Addition HIX, DONALD F JR 3398 HORSESHOE LN STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-70P CITY-SI-ZIP ☐ Addition HILL ☐ Dolete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 111111 ☐ Delete HILL ☐ Change Addition NAME: STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-ST-7IP шп ☐ Delete Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - S1 - ZIP

indicated on this roport or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information