## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000060253**

1. Entity Name

G F & C GRADALL SERVICE, INC.



FILED
Jan 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

856 CANALVIEW BOULEVARD PORT ORANGE, FL 32119 Mailing Address

P O BOX 291492

PORT ORANGE, FL 32129-492 US



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3453541 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARANJO, WAYNE M 856 CANALVIEW BOULEVARD PORT ORANGE, FL 32119

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and late i	( annicable (NOTE Panistern	d Agent signet w	e required when reinstating)	DATE
	Signature, typed or printed harne or registered agent and see	i suplicatore: (NOTE: Hagistator	a Agorii sigileaan	a rectoring wises (constraint)	UATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000585191 
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARANJO, WAYNE M 856 CANALVIEW BOULEVARD PORT ORANGE, FL 32119				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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 attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

WAYNE M. ARANJO

(386)761-710

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Deytime Phone #