


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 032 ***150.00

DOCUMENT # P99000022714 1. Entity Name RIVERVIEW CRANE AND EQUIPMENT, INC.					
Principal Place of Business 6802 N. 78TH ST. BOX 13 TAMPA FL 33610			Mailing Address 6802 N. 78TH ST. BOX 13 TAMPA FL 33610		
2. Principal Place of Business <i>River view Crane & Equip</i> Suite, Apt. #, etc. <i>11815 Dunwoodie Manor Dr</i> City & State <i>Thonotosassa FL</i> Zip <i>33592</i>		3. Mailing Address <i>River view Crane & Equip</i> Suite, Apt. #, etc. <i>11815 Dunwoodie Manor</i> City & State <i>Thonotosassa FL</i> Zip <i>33592</i>			
Country <i>Hillshoro</i>		Country <i>Hillshoro</i>		4. FEI Number 59-3577576	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOUTT, ARTHUR C 6802 N. 78TH ST. TAMPA FL 33610			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DOUTT, ARTHUR C 6802 N 78TH ST BOX 13 TAMPA FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOUTT, SHARON L 6802 N 78TH ST BOX 13 TAMPA FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

813-982-2121

Daytime Phone #