



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 032 ***150.00

DOCUMENT # S47644 1. Entity Name RICK'S CRANE, INC.					
Principal Place of Business 502 NE 6TH AVE OKEECHOBEE, FL 34972			Mailing Address 502 NE 6TH AVE OKEECHOBEE, FL 34972		
2. Principal Place of Business 613 NE 6TH ST. Suite, Apt. #, etc.		3. Mailing Address 613 NE 6TH ST. Suite, Apt. #, etc.			
City & State OKEECHOBEE, FL Zip 34972 Country US		City & State OKEECHOBEE, FL Zip 34972 Country US		4. FEI Number 65-0273842	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIGHTSEY, BONITA B 502 NE 6TH AVE OKEECHOBEE, FL 34972			7. Name and Address of New Registered Agent Name LAURA K. SIMS CPA Street Address (P.O. Box Number is Not Acceptable) 223 S. PARROTT AVE. City OKEECHOBEE FL 34974		
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 LAURA K. SIMS <i>Laura Sims</i> DATE 4-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD LIGHTSEY, RICKIE A 502 NE 6TH AVE OKEECHOBEE, FL	<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	STD LIGHTSEY, BONITA B 502 NE 6TH AVE OKEECHOBEE, FL	<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	LIGHTSEY, WADE A 613 NE 6TH ST OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIGHTSEY, WADE A. 613 NE 6TH ST. OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<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	 	<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	 	<input type="checkbox"/> Delete	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: <i>Wade</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-05 Daytime Phone # 863-763-1585		