

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S47644

FILED
Jul 15, 2005
Secretary of State**Entity Name:** RICK'S CRANE, INC.**Current Principal Place of Business:**613 NE 6TH STREET
OKEECHOBEE, FL 34972**New Principal Place of Business:**613 NE 5TH STREET
OKEECHOBEE, FL 34972**Current Mailing Address:**613 NE 6TH STREET
OKEECHOBEE, FL 34972**New Mailing Address:**613 NE 5TH STREET
OKEECHOBEE, FL 34972**FEI Number:** 65-0273842**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMS, CPA, LAURA K.
223 SPARROTT AVE.
OKEECHOBEE, FL 34974 US**Name and Address of New Registered Agent:**SIMS, CPA, LAURA K.
223 S PARROTT AVE.
OKEECHOBEE, FL 34974 US

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.

SIGNATURE:

07/15/2005

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: LIGHTSEY, RICKIE A,
Address: 502 NE 6TH AVE
City-St-Zip: OKEECHOBEE, FL**Title:** STD () Delete
Name: LIGHTSEY, BONITA B,
Address: 502 NE 6TH AVE
City-St-Zip: OKEECHOBEE, FL**Title:** V () Delete
Name: LIGHTSEY, WADE A
Address: 613 NE 6TH STREET
City-St-Zip: OKEECHOBEE, FL 34972**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: LIGHTSEY, WADE A
Address: 613 NE 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972**Title:** D () Change (X) Addition
Name: LIGHTSEY, SHANNON
Address: 613 NE 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US**Title:** D () Change (X) Addition
Name: LIGHTSEY, TRACY V
Address: 1921 SW 196TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON LIGHTSEY

D

07/15/2005

Electronic Signature of Signing Officer or Director_____
Date