2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# S47644

Entity Name: RICK'S CRANE, INC.

Current Principal Place of Business:

613 NE 5TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

613 NE 5TH STREET
OKEECHOBEE, FL 34972

New Mailing Address:

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 S PARROTT AVE.
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

SIMS, CPA, LAURA K.
203 SE 2ND AVENUE
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: LAURA K SIMS 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: LIGHTSEY, SHANNON
Address: 613 NE 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: D (X) Delete
Name: LIGHTSEY, TRACY V
Address: 1921 SW 196TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICKIE A LIGHTSEY PD 04/30/2008
Electronic Signature of Signing Officer or Director Date