2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-19-2008 90003 032 ***150.00
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2008 SEP 23 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000021653

1. Entity Name
DUVAL CRANE & RIGGING, INC.

Principal Place of Business	Mailing Address
3421 MAIDEN VOYAGE CIRCLE SOUTH JACKSONVILLE FL 32257 US	3421 MAIDEN VOYAGE CIRCLE SOUTH JACKSONVILLE FL 32257 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10882 Cabbage Pond Cr.	10882 Cabbage Pond Cr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32257 Country: US	Zip: 32257 Country: US

2nd MOORE CR2E034 (4/08)

4. FEI Number: 20-8468464 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALYON, ROBERT 3421 MAIDEN VOYAGE CIRCLE SOUTH JACKSONVILLE FL 32257	Name: Robert Galyon Street Address (P.O. Box Number is Not Acceptable): [redacted] 10882 Cabbage Pond Cr City: Jacksonville FL Zip Code: 32257

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: [signature] 8-10-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: GALYON, ROBERT STREET ADDRESS: 3421 MAIDEN VOYAGE CIRCLE SOUTH CITY-ST-ZIP: JACKSONVILLE FL 32257	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: TRES NAME: GALYON, JESSICA STREET ADDRESS: 3421 MAIDEN VOYAGE CIRCLE SOUTH CITY-ST-ZIP: JACKSONVILLE FL 32257	☑ Delete	TITLE: TRES NAME: Robert Galyon STREET ADDRESS: 10882 Cabbage Pond Cr. CITY-ST-ZIP: Jax, FL 32257	☑ Change ☐ Addition
TITLE: SECT NAME: GALYON, JESSICA STREET ADDRESS: 3421 MAIDEN VOYAGE CIRCLE SOUTH CITY-ST-ZIP: JACKSONVILLE FL 32257	☑ Delete	TITLE: SECT NAME: Robert Galyon STREET ADDRESS: 10882 Cabbage Pond Cr CITY-ST-ZIP: Jax FL 32257	☑ Change ☐ Addition
TITLE: DIR NAME: GALYON, ROBERT STREET ADDRESS: 3421 MAIDEN VOYAGE CIRCLE SOUTH CITY-ST-ZIP: JACKSONVILLE FL 32257	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DIR NAME: GALYON, JESSICA STREET ADDRESS: 3421 MAIDEN VOYAGE CIRCLE SOUTH CITY-ST-ZIP: JACKSONVILLE FL 32257	☑ Delete	TITLE: DIR NAME: Robert Galyon STREET ADDRESS: 10882 Cabbage Pond Cr CITY-ST-ZIP: Jax FL 32257	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: [signature] 08-10-2008 904-226-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #