2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00443

Title:

Name:

Address:

City-St-Zip:

DVP

() Delete

345 BAYSHORE BLVD #1812

MOORE, M. VERNON

TAMPA, FL 33606

tity Name: SIMS CRANE & EQUIDMEN

FILED May 19, 2005 Secretary of State

Entity Name: SIMS CRANE & EQUIPMENT CO. **Current Principal Place of Business: New Principal Place of Business:** 1219 N HWY 301 P O BOX 11825 TAMPA, FL 33619 US **Current Mailing Address: New Mailing Address:** 1219 N HWY 301 P O BOX 11825 TAMPA, FL 33680 FEI Number: 59-2635880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STODGHILL, J. STEVE 1219 N HWY 301 TAMPA, FL 33619 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SIMS, DEAN P Name: Name: 1219 N HWY 301 Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: () Change () Addition () Delete Name: STODGHILL, STEVE Name: 6406 112TH AVE Address: Address: TEMPLE TERRACE, FL 33617 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KUFFERMANN, KURT Name: Name: 227 MINNESOTA WOODS LANE Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MV MOORE VP 05/19/2005

(X) Change () Addition

MOORE, M. VERNON

TAMPA, FL 33606

345 BAYSHORE BLVD #PHP06