

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00443

FILED
Apr 14, 2006
Secretary of State

Entity Name: SIMS CRANE & EQUIPMENT CO.

Current Principal Place of Business:

1219 N HWY 301
P O BOX 11825
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

1219 N HWY 301
P O BOX 11825
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-2635880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STODGHILL, J. STEVE
1219 N HWY 301
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: SIMS, DEAN P
Address: 1219 N HWY 301
City-St-Zip: TAMPA, FL 33619

Title: P () Delete
Name: STODGHILL, STEVE
Address: 6406 112TH AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VT () Delete
Name: KUFFERMANN, KURT
Address: 227 MINNESOTA WOODS LANE
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: MOORE, M. VERNON
Address: 345 BAYSHORE BLVD #PHP06
City-St-Zip: TAMPA, FL 33606

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: M. VERNON MOORE

VP

04/14/2006

Electronic Signature of Signing Officer or Director

Date