


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90016 039 ***150.00

DOCUMENT # J05971	
1. Entity Name ED'S CRANE SERVICE, Inc.	

DO NOT WRITE IN THIS SPACE

40041712

2. Principal Place of Business 3241 Ash St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 511663 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33950	Zip 33951-1663
Country USA	Country USA

4. FEI Number 59-2649039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Edwin H. Smith	
Street Address (P.O. Box Number is Not Acceptable) 3241 Ash St.	
City Punta Gorda,	FL Zip Code 33950

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Smith, Edwin H. 3241 Ash St. Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Smith, Mary F. 3241 Ash St. Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Smith, Edwin N. 3241 Ash St. Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Edwin H. Smith* **Edwin H. Smith** 3/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)