## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2006 08:00 AM Secretary of State

1. Entity Name EPPERSON CRANES, INC.						ary or o	
Principal Place of Business 8455 NW 70TH STREET MIAMI, FL 33166 US		Mailing Address P.O.BOX 52-3065 MIAMI, FL 33152-3065 US					
,				01132006	No Chg-P	CR2E034 (11/0	•
C	O NOT WRITE			4. FEI Numb 59-266	er	\$8.75	Applied For Not Applicable Additional
	B. Name and Address of Current Re		to the same of the	70 M. J. J. J. Ass. Ass. A.	The second secon	Fee Requ	naunimin krasnaja ripaji NGO
EPPERSON, JOHN K. JR. 8455 NW 70TH ST MIAMI, FL 33166			PO NOT WRITE IN THIS SPACE				
<ol> <li>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.</li> </ol>							
_	adia di registorea alloni,						1
Signature. Signature, typed or printed name of registered agent and title if applicable (INCTE: Registered A				s signature required when reinstating)  DATE			<del></del>
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees	000000 03/27/06-	1463 <b>3</b> 01 -80021-014	150.88
10.	OFFICERS AND DI	RECTORS		- vilit i religio		***********	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP EPPERSON, JOHN K, JR. 8455 N.W. 70TH ST MIAMI, FL		· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILLS, MARILYN F 21235 N.E. 9TH COURT, #2 MIAMI, FL	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EPPERSON, PETER 8455 NW 70 ST. MIAMI, FL 33166		AN June 1997 And Service Servi	7 (4 To weather to ex-	NOT WI	The second secon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPA	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		The second secon	The state of the s	
TITLE NAME STITEET ADDRESS GITY-ST-ZIP			- Carlo year of the carlo year	The state of the s		The second of th	
indicated of the cor	certily that the information supplied with the on this report or supplemental report is true portation or the receiver or trustee ampown or on an attachment with an address, will	ie and accurate and that my signal ared to execute this report as requi	ture shall have the s	ame legal effer	at as if made under cat	th, that I am an offic	er or dîrector 🕕