

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K59479					
1. Entry Name INTERNATIONAL CRANE AND RIGGING, INC.					
Principal Place of Business % EDWARD K. EDWARDS 684 DIAMOND RD. PENSACOLA FL 32505			Mailing Address % EDWARD K. EDWARDS 684 DIAMOND RD. PENSACOLA FL 32505		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2934792	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, EDWARD K. 684 DIAMOND RD. PENSACOLA FL 32505			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	EDWARDS, EDWARD K.		NAME		
STREET ADDRESS	684 DIAMOND ROAD		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL		CITY - ST - ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	EDWARDS, JOHN E.		NAME		
STREET ADDRESS	684 DIAMOND ROAD		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL		CITY - ST - ZIP		
TITLE	VSTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GIBBS, SUSAN E.		NAME		
STREET ADDRESS	684 DIAMOND ROAD		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E034 (11/03)

4. FEI Number **59-2934792** 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

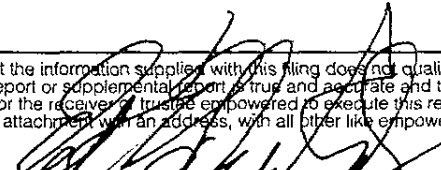
10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	EDWARDS, EDWARD K.	
STREET ADDRESS	684 DIAMOND ROAD	
CITY - ST - ZIP	PENSACOLA FL	
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NAME	EDWARDS, JOHN E.	
STREET ADDRESS	684 DIAMOND ROAD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VSTD	☐ Delete
NAME	GIBBS, SUSAN E.	
STREET ADDRESS	684 DIAMOND ROAD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		☐ Delete
NAME		
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CITY - ST - ZIP		
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NAME		
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CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change	☐ Addition
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **E.K. EDWARDS PD** **2/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #