


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K59479**  
 1. Entity Name  
**INTERNATIONAL CRANE AND RIGGING, INC.**




Principal Place of Business      Mailing Address  
 % EDWARD K. EDWARDS      % EDWARD K. EDWARDS  
 684 DIAMOND RD.      684 DIAMOND RD.  
 PENSACOLA FL 32505      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



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**59-2934792**      Not Applicable

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

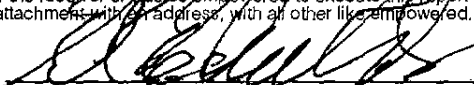
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, EDWARD K.	
STREET ADDRESS	684 DIAMOND ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN E.	
STREET ADDRESS	684 DIAMOND ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GIBBS, SUSAN E.	
STREET ADDRESS	684 DIAMOND ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000213672  
 02/03/05-80081-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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**      1/26/05      850-476-0151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #