


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90014 030 \*\*\*550.00

<b>DOCUMENT # L47892</b> 1. Entity Name SOUTHEAST CRANE PARTS, INC.	
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Principal Place of Business % KENNETH R. MILLER 4652 PHILLIPS HWY. JACKSONVILLE, FL 32207-7266	Mailing Address % KENNETH R. MILLER 4652 PHILLIPS HWY. JACKSONVILLE, FL 32207-7266
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**50064271**



2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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07012005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2989906	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MILLER, KENNETH R 4652 PHILLIPS HWY. JACKSONVILLE, FL
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7. Name and Address of New Registered Agent Name EMIL J ALBERTINI Street Address (P.O. Box Number is Not Acceptable) 4600 PHILLIPS HIGHWAY City JACKSONVILLE FL Zip Code 32207
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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 EMIL J ALBERTINI CFO

8-25-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	D MOODY, M.D., III 4969 RIVER POINT RD JACKSONVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, V. ROGER 1329 HARBOR OAKS RD JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH, NICHOLAS 4652 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYD, MOODY 4652 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO KENNETH, MILLER 4652 PHILLIPS JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUMELLA, STEPHEN 4652 PHILLIPS JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO EMIL J ALBERTINI 4600 PHILLIPS HWY JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMIL J ALBERTINI, CFO

8/25/05 904-737-4401

Date

Daytime Phone #

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