

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000116478**

1. Entity Name  
**DAVIDSON CRANE AND CONVEYOR INC.**



Principal Place of Business  
**1176 THATCH LANE  
SUMMERLAND KEY, FL 33042**

Mailing Address  
**1176 THATCH LANE  
SUMMERLAND KEY, FL 33042**



08052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1048143**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVIDSON, NEIL L  
1176 THATCH LANE  
SUMMERLAND KEY, FL 33042**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **DAVIDSON, NEIL L**  
STREET ADDRESS **1176 THATCH LANE**  
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

TITLE **D**  
NAME **DAVIDSON, CAROL JEAN**  
STREET ADDRESS **1176 THATCH LANE**  
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** *Neil L Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aug 12-04*  
Date Daytime Phone #