## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # P01000107089** 04-26-2005 90151 050 \*\*\*150.00 1. Entity Name ACTION CRANE RENTALS, INC. Principal Place of Business Mailing Address 40001021 1796 BIG BRANCH RD. 1796 BIG BRANCH RD. MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 2. Principal Place of Business 3. Mailing Address 518 Stevens Street 518 Stevens Street Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3753252 Not Applicable Jacksonvil Jacksonyi \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bobby Williams, CPA PEPER, RICHARD C JR. Street Address (P.O. Box Number is Not Acceptable) 6817-601 Southpoint Parkway 3030 HARTLEY RD., SUITE 150 JACKSONVILLE, FL 32257 Zip Code City Jacksonville 32216 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Change PD Addition TITLE ☐ Delete TITLE HEARN, JANICE NAME NAME Hearn, Janis 1796 BIG BRANCH RD. STREET ADDRESS STREET ADDRESS 1796 Big Branch Road CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP Middleburg, FL 32068 Delete Addition TITLE Change TITLE NAME NAME Hearn, Eric STREET ADDRESS STREET ADDRESS 1796 Big Branch Road Middleburg, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Channe STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP 12. Thereby 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 their 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.

FILED