ے دریدست		D ANNUAL								
DOCUMENT # P02000027765 1. Entity Name ORBERG CRANE SERVICE INC.							O.	FILE	_	. 1 6
Principal Place	e of Business	Mailing Ad	dress				U.	5 JUL -5	AH IU	46
32102 STATE RD. 44 EUSTIS, FL 32736		32102 S	32102 STATE RD. 44 EUSTIS, FL 32736				SE TA	EUNETART LLAHASSEI	OF SI E, FL(ATE DRIDA
2. Principal P	lace of Business	3. Mailing	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			06292005	Chg-P	CR2E034 (1	10/03)	
City & State		City & S	City & State			4. FEI Number Applied For 76-0700816 Noi Applicab				
Zip				Country			of Status Desired	Feel	75 Addi Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New F	Registered Agen	t .	
TAFT, HAF 307 EAST DELAND, I	RICH AVE.		Street Ad	dress (F	S. ORBER P.O. Box Numb ATE ROAD	er is Not Acceptable	e)	<u>-</u>		
					EUSTIS FL Zig 2736					
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. am familiar with, and accept the obligations of registered agent.										and accept
SIGNATURE Signature, typod or printed name of relationer agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
Am	ended AR is \$61.2		lection Campaign Fi	_		00 May Be ed to Fees				
10.	OF	FICERS AND DIRECTORS		11.		ADDITIONS	/CHANGES TO OFF	FICERS AND DIR	ECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORBERG, ERIC E NAI 32102 ST. RD. 44 STR			TITLE NAME STREET ADDRESS		© Change				
TITLE				CITY-ST-ZIP				NOT.	Choose	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ORBERG, DERRICK S 213 S. SANSOUCI EUSTIS, FL 32720					© Change ☐ Addition 1.02 STATE ROAD 44 STIS, FL 32736				
TITLE NAME STREET ADDRESS CITY+ST+ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				0	Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			1	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			A CONTRACTOR OF THE CONTRACTOR	<i>∖ኅ∏</i> □ '	Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
12. I hereby of	certify that the information	supplied with this filing doe ental report is true and acc	es not qualify for the e	exemption state	ed in Se	ction 119.07(3)	(i), Florida Statutes.	I further certify the	at the in	formation

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 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 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. 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 in Block 10 or Block 11 if