

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/18/2005-90320-039-\$150.00-\$150.00

<b>DOCUMENT # P04000119346</b> 1. Entity Name <b>ANDALE CRANE SERVICE, INC.</b>					
Principal Place of Business <b>13909 MURIEL AVE HUDSON, FL 34667</b>			Mailing Address <b>13909 MURIEL AVE HUDSON, FL 34667</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent <b>GONSOROWSKI, ANDREW 13909 MURIEL AVE HUDSON, FL 34667</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D GONSOROWSKI, ANDREW</b> <input type="checkbox"/> Delete <b>13909 MURIEL AVE</b> <b>HUDSON, FL 34667</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D GONSOROWSKI, DALE F</b> <input type="checkbox"/> Delete <b>119 VICTORIA CT</b> <b>GRAND FORKS, ND 58201</b>		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE: <i>Andy Gonsowski</i> 4-13-05 727/243-2813</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED  
05 OCT -3 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE 50037412



04102005 Chg-P CR2E034 (10/03)

4. FE Number **20-1506271** Applied For Not Applicable

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

Sept 28, 2005

Andale Crane Service Inc  
13909 Muriel Ave  
Hudson, FL 34667

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attention: Glenda E. Hood  
Secretary of State

Ms Hood:

The 2005 Annual Report was filed timely in April of 2005 with the \$150.00 fee. Apparently the computerized form did not complete the (FEI) Number in Box #4 and the report (NOT the Money) was returned for completion. Due to some confusion (as this is the first time we have had to file such report) the letter was left unattended assuming it was confirmation of report received. In a notice mailed out to us later, we realized that the Box #4 was not filled in and we immediately filled in the form and sent it in. (The report was sent to Division of Corporations, PO Box 1500, Tallahassee, FL 32302-1500.) Now we have received another letter that indicates the Corporation will be dissolved. We have made a duplicate copy of the original report and filled in the Box #4. Please acknowledge that this report has been received and reinstate us as we have complied with the best of our ability.

Sincerely,

Andy Gonsorowski