## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P04000149686 1. Entity Name PETERS CRANE RENTALS INC. Principal Place of Business Mailing Address 113 RENSHAW DR 113 RENSHAW DR PALM COAST, FL 32164 PALM COAST, FL 32164 No Chg-P CR2E034 (11/05) 04252007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-1214895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PETERS, ROBERT A 113 RENSHAW DR PALM COAST, FL 32164 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D NAME PETERS, ROBERT A 113 RENSHAW DR STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000749070 CITY-ST-ZIP 05/18/07-80008-018 150.00 TITLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

Polita. Fieth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR