2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000155113

1. Entity Name

INDUSTRIAL MOBILE CRANES, INC.



FILED
Jan 13, 2006 08:00 AM
Secretary of State

CR2E034 (11/05)

Principal Place of Business

3221 N. 40TH STREET TAMPA, FL 33605 Mailing Address

P.O. BOX 76054 TAMPA, FL 33675



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
20-2470602		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMADIO, DOMINIC E P.A.

3500 5TH AVE N.

SUITE D

SAINT PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

No Chg-P

01102006

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title of	applicable. (NOTE Registered	Agent signaturi	required when roinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANSELL, GARY A 3221 N. 40TH STREET TAMPA, FL 33605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPILLO, LUCIEN 3221 N. 40TH STREET TAMPA, FL 33605	÷			000000385417 01/18/06-80015-022 150.00
TITLE NAME. STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE

DO NOT WRITE IN THIS SPACE

12. 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.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

9 06 813-623-525