

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050383

FILED
Apr 25, 2007
Secretary of State

Entity Name: NORTH PORT CRANE OPERATORS, INC.

Current Principal Place of Business:

2953 PADDOCK CT
NORTH PORT, FL 34288

New Principal Place of Business:

139 HOURGLASS CIR
VENICE, FL 34293

Current Mailing Address:

2953 PADDOCK CT
NORTH PORT, FL 34288

New Mailing Address:

P.O. BOX 7015
NORTH PORT, FL 34287

FEI Number: 01-0832505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYDON, CHERIE L
2953 PADDOCK CT
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

CLAYDON, JAMES D III
2953 PADDOCK CT
NORTH PORT, FL 34288 US

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.

SIGNATURE: JAMES D CLAYDON III

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARROP, WILLIAM R
Address: 4203 JUNIPER ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP () Delete
Name: CRIBBS, CHRISTOPHER B
Address: 928 PINELAND AVE
City-St-Zip: VENICE, FL 34285

Title: S () Delete
Name: ENGH, RICHARD M
Address: 221 PARKLAND AVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CLAYDON, CYNTHIA J
Address: 139 HOURGLASS CIR
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D CLAYDON III

RA

04/25/2007

Electronic Signature of Signing Officer or Director

Date