

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90240 001 ***150.00

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000116882 1. Entity Name CARTER CRANE RENTAL, INC.																																					
Principal Place of Business 3912 NW 103RD LOOP JASPER, FL 32052			Mailing Address 3912 NW 103RD LOOP JASPER, FL 32052																																		
2. Principal Place of Business - No P.O. Box # 6440 NW US Hwy 41 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6440 NW US Hwy 41 <small>Suite, Apt. #, etc.</small>																																			
City & State Jasper FL <small>Zip</small> 32052 <small>Country</small> USA		City & State Jasper FL <small>Zip</small> 32052 <small>Country</small> USA		4. FEI Number 20-3348966																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent SCAFF, SONNY 215 NE 2ND ST JASPER, FL 32052			7. Name and Address of New Registered Agent Name Kenneth M. Daniels, CPA Street Address (P.O. Box Number is Not Acceptable) 108 Central Ave NW City Jasper FL <small>Zip Code</small> 32052																																		
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 Kenneth M. Daniels, CPA K M Daniels CPA 1/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PVST CARTER, DAVID PO BOX 87 JASPER, FL 32052 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CARTER, DAVID PO BOX 87 JASPER, FL 32052 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: David W. Carter DAVID W. CARTER 01-05-07 386-855-0351 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					