2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2005 8:00 am Secretary of State DOCUMENT # P93000044772 1. Entity Name 04-01-2005 90014 037 ***150.00 ED & SONS CRANES INC. Principal Place of Business Mailing Address 2600 LEONARD DR 2600 LEONARD DR DELTONA, FL 32725 DELTONA, FL 32725 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Cha-P CR2E034 (10/03) City & State City & State 4 FEI Number Applied For 59-3188648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDS, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 2600 LEONARD DR DELTONA, FL 32725 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition reichards, Douglas NAME RICHARDS, DOUGLAS NAME 2600 Leonara Drive 2600 LEONARD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP Deltons. FL 32725 Delete TITLE ☐ Chance Addition RICHARDS, DOUGLAS EDWARD NAME NAME 2600 LEONARD DR STREET ADDRESS STREET ADDRESS DELTONA, FL 32725 CiTY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change Addition RICHARDS, VINCENT NAME NAME STREET ADDRESS 2600 LEONARD DR STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP ☐ Delete TITLE Sichards, Judy Change NAME NAME 2600 Gonard Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deltona FL 32725 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

FILED

3-29-05 Daytime Phone #