

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90025 029 ***150.00

DOCUMENT # P93000044772 1. Entity Name ED & SONS CRANES INC.					
Principal Place of Business 2600 LEONARD DR DELTONA, FL 32725 US			Mailing Address 2600 LEONARD DR DELTONA, FL 32725 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3188648	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RICHARDS, DOUGLAS 2600 LEONARD DR DELTONA, FL 32725				7. Name and Address of New Registered Agent Name Richards, Edward Street Address (P.O. Box Number is Not Acceptable) 2600 Leonard Drive City Deltona FL Zip Code 32725	
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 <u>Edward Richards</u> <u>Edward Richards</u> <u>3/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME RICHARDS, EDWARD STREET ADDRESS 2600 LEONARD DR CITY-ST-ZIP DELTONA, FL 32725			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Richards, Edward STREET ADDRESS 2600 Leonard Drive CITY-ST-ZIP Deltona, FL 32725		
TITLE ST <input type="checkbox"/> Delete NAME RICHARDS, JULIA STREET ADDRESS 2600 LEONARD DRIVE CITY-ST-ZIP DELTONA, FL 32725			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME RICHARDS, VINCENT STREET ADDRESS 2600 LEONARD DR CITY-ST-ZIP DELTONA, FL 32725			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Edward Richards</u> <u>Edward Richards</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/16/06</u> <u>386-532-0745</u> <small>Date Daytime Phone #</small>	