## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 16, 2007 08:00 All Secretary of State DOCUMENT # P93000044772 1. Entity Name, ED & SONS CRANES INC. Principal Place of Business Mailing Address 2600 LEONARD DR 2600 LEONARD DR DELTONA, FL 32725 DELTONA, FL 32725 02062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3188648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent RICHARDS, EDWARD DO NOT WRITE 2600 LEONARD DR DELTONA, FL 32725 IN THIS SPACE 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RICHARDS, EDWARD NAME 2600 LEONARD DR STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 U00000637497 02/26/07-80062-021 150.00 TITLE RICHARDS, JULIA NAME STREET ADDRESS 2600 LEONARD DRIVE CITY-ST-7/P DELTONA, FL 32725 TITLE RICHARDS, VINCENT NAME STREET ADDRESS 2600 LEONARD DR DO NOT WRITE CITY-ST-7/P DELTONA, FL 32725 IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. It 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Edward Pichards SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

**FILED**