

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012613

FILED
Feb 20, 2004
Secretary of State

Entity Name: CERTIFIED CRANE SERVICES, INC.

Current Principal Place of Business:

4692 POSADA DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

PO BOX 568833
ORLANDO, FL 328568833

New Mailing Address:

FEI Number: 59-3225502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMSON, HOLLY
4692 POSADA DRIVE
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

SAMSON, WADE
4692 POSADA DRIVE
ORLANDO, FL 32839 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: WADE SAMSON

02/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMSON, HOLLY
Address: 4692 POSADA DR
City-St-Zip: ORLANDO, FL 328568833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAMSON, WADE
Address: 4692 POSADA DR
City-St-Zip: ORLANDO, FL 328568833

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE SAMSON

PD

02/20/2004

Electronic Signature of Signing Officer or Director

Date