2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059420

KISSIMMEE, FL 34744

City-St-Zip:

Entity Name: ASTRO CRANE & HOIST SERVICES, INC.

FILED Apr 12, 2009 Secretary of State

-		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BERLEE LN EE, FL 347443	838 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX KISSIMME	420038 E, FL 347420	38 US	P.O. BOX 420038 KISSIMMEE, FL 3474:	20038 US	
FEI Number:	: 59-3259239	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
The above	BY AVE. E, FL 34741 named entity		purpose of changing its registered	d office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU		· · · · · · · · · · · · · · · · · · ·			
		nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD (DENT, ROBER 2744 KIMBERI KISSIMMEE, F	EE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD (DENT, DEBRA 2744 KIMBERI		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT L DENT PRES 04/12/2009