

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047852

Entity Name: CAMPBELL CRANE COMPANY

FILED
Feb 19, 2005
Secretary of State

Current Principal Place of Business:

1012 BILTMORE DR. NW
WINTER HAVEN, FL 33881 US

Current Mailing Address:

1012 BILTMORE DR. NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

8297 CHAMPIONSGATE BLVD
SUITE 147
CHAMPIONSGATE, FL 33896 US

New Mailing Address:

8297 CHAMPIONSGATE BLVD
SUITE 147
CHAMPIONSGATE, FL 33896 US

FEI Number: 65-0684123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MONTE
1012 BILTMORE DR NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

CAMPBELL, MONTE
1224 AQUILA LOOP
CELEBRATION, FL 34747 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: MONTE CAMPBELL

02/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CAMPBELL, DEBORAH L
Address: 1012 BILTMORE DRIVE NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: P () Delete
Name: CAMPBELL, MONTE
Address: 1012 BILTMORE DR., NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CAMPBELL, DEBORAH L
Address: 1224 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747 US

Title: P (X) Change () Addition
Name: CAMPBELL, MONTE
Address: 1224 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747 US

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: MONTE CAMPBELL

P

02/19/2005

Electronic Signature of Signing Officer or Director

Date