2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071748

Title:

Name:

Address:

City-St-Zip:

EVP

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CRISPELL, JOSEPH R

LONGWOOD, FL

1579 N RIDGELAKE CIR

Entity Name: NORTH AMERICAN CRANE BUREAU GROUP, INC.

FILED Apr 20, 2005 Secretary of State

Current Pri	incipal Pla	ce of Business:	New Principal Place of	New Principal Place of Business:	
217 NORTH WESTMONTE DRIVE SUITE 3019 ALTAMONTE SPRINGS, FL 32714					
Current Mailing Address:			New Mailing Address:		
217 NORTH WESTMONTE DRIVE SUITE 3019 ALTAMONTE SPRINGS, FL 32714					
FEI Number:	59-3534486	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:	
BULL, STEPHEN M 111 NORTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801 US					
The above r		y submits this statement for the purp	oose of changing its registered o	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BLANTON, T	RIDGE DRIVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP CLOSSON, I 1057 CALLE BONITA, CA	MESITA	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BLANTON, D	RIDGE DRIVE	Title: (Name: Address: City-St-Zip:) Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA S. BLANTON STVP 04/20/2005

() Change () Addition