## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23146

Entity Name: COOKIE'S CRANE SERVICE, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3151 COOOPER STREET PUNTA GORTA, FL 33950 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1329 1102 22ND AVE., N. BONITA SPRINGS, FL 34133 NAPLES, FL 34103

FEI Number: 65-0315005 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KATHLEEN MAGUIRE
503 LAKE LOUISE CIR. #202
NAPLES, FL 34110 US

BYINGTON, NANCY M
1102 22ND AVE., N
NAPLES, FL 34103 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: NANCY M. BYINGTON 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MAGUIRE, KATHLEEN A Name: MALONEY, TERRANCE M

 Name:
 MAGUIRE, KATHLEEN A
 Name:
 MALONEY, TERRANCE M

 Address:
 PO BOX 1329
 Address:
 1102 22ND AVE N

 City-St-Zip:
 BONITA SPRINGS, FL 34133
 City-St-Zip:
 NAPLES, FL 34103

Title: P ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MAGUIRE, KATHLEEN A
 Name:
 MALONEY, JULIE M

 Address:
 503 LAKE LOUISE CIRCLE #202
 Address:
 1102 22ND AVE N

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34103

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 MALONEY, PATRICK M

 Address:
 Address:
 1102 22ND AVE N

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34103

Title: ( ) Delete Title: T ( ) Change (X) Addition

 Name:
 Name:
 BYINGTON, NANCY M

 Address:
 Address:
 1102 22ND AVE N

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY M. BYINGTON T 04/25/2006