

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44690

FILED
Jul 01, 2004
Secretary of State

Entity Name: DIVERSIFIED LIFTING SYSTEMS, INC.

Current Principal Place of Business:

4702 DISTRIBUTION DR.
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

4702 DISTRIBUTION DR.
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-2922136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMLING, GEROGE F III
100 NORTH TAMPA ST
STE. 2500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROWE, BILLY D
Address: 6907 6911 SIMMONS LOOP
City-St-Zip: RIVERVIEW, FL

Title: VP () Delete
Name: BERNIER, LESLIE
Address: 4838 CELIA CIR WEST
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILLY D. CROWE

MR

07/01/2004

Electronic Signature of Signing Officer or Director

Date