

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000039161

Entity Name: CUSTOM LIFTS INC

FILED  
Apr 03, 2012  
Secretary of State

**Current Principal Place of Business:**

9817 TOWER PINE DR  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

9817 TOWER PINE DR  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 45-1865828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHERMAN, SHARON  
9817 TOWER PINE DR  
WINTER GARDEN, FL 34787 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHERMAN, SHARON  
Address: 9817 TOWER PINE DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: S  
Name: SHERMAN, PAUL  
Address: 9817 TOWER PINE DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D  
Name: SHERMAN, MICHELLE L  
Address: 9817 TOWER PINE DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D  
Name: SHERMAN, SPENCER B  
Address: 9817 TOWER PINE DR  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: SHARON SHERMAN

PRES

04/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date