

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000039161

**Entity Name:** CUSTOM LIFTS INC

**Current Principal Place of Business:**

9817 TOWER PINE DR  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

9817 TOWER PINE DR  
WINTER GARDEN, FL 34787

**FEI Number:** 45-1865828

**Certificate of Status Desired:** Yes

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

SHERMAN, SHARON  
9817 TOWER PINE DR  
WINTER GARDEN, FL 34787 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            DIRECTOR  
Name            SHERMAN, MICHELLE LYNN  
Address        1616 COROLLA CT  
City-State-Zip: GOTHA FL 34734

Title            DIRECTOR  
Name            SHERMAN, SPENCER BLAKE  
Address        312 HULL AVE  
City-State-Zip: OAKLAND FL 34760

*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 D SHERMAN

**PRESIDENT**

**03/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date