

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000043288

**Entity Name:** HOME ELEVATOR FLORIDA, INC.

**Current Principal Place of Business:**

4842 HICKORY SHORES BLVD.  
GULF BREEZE, FL 32563

**Current Mailing Address:**

4842 HICKORY SHORES BLVD.  
GULF BREEZE, FL 32563 US

**FEI Number: 46-2802470**

**Certificate of Status Desired: No**

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

BONE, DAVID  
4842 HICKORY SHORES BLVD.  
GULF BREEZE, FL 32563 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 P  
Name BONE, DAVID  
Address 4842 HICKORY SHORES BLVD.  
City-State-Zip: GULF BREEZE FL 32563

Title O  
Name BONE, RENAY  
Address 4842 HICKORY SHORES BLVD.  
City-State-Zip: GULF BREEZE FL 32563

*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: RENAY BONE**

**OFFICER**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date