

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 384348

FILED  
Feb 06, 2012  
Secretary of State

Entity Name: LIFT POWER, INC.

**Current Principal Place of Business:**

5820 COMMONWEALTH AVENUE  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6548  
JACKSONVILLE, FL 32236 US

**New Mailing Address:**

FEI Number: 59-1358548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUNE, DONALD M  
3771 PLANTERS CREEK CIR WEST  
JACKSONVILLE, FL 32224 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: HUNE, DONALD M  
Address: 5820 COMMONWEALTH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D  
Name: MOHRMAN, PAUL J  
Address: 5820 COMMONWEALTH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: S  
Name: HUNE, DONALD C  
Address: 5820 COMMONWEALTH AVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: T  
Name: ALLEN, SUSAN H  
Address: 5820 COMMONWEALTH AVE  
City-St-Zip: JACKSONVILLE, FL 32254

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: SUSAN H ALLEN

T

02/06/2012

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

\_\_\_\_\_  
Date