

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90024 009 ***150.00

DOCUMENT # 626696

1. Entity Name

B & K LIFT, INC.



Principal Place of Business

**1400 LINCOLNWOOD LANE
LONGWOOD FL 32750**

Mailing Address

**1400 LINCOLNWOOD LANE
LONGWOOD FL 32750**

54033092



MOORE

CR2E034 (11/03)

2. Principal Place of Business

123 Larry Rd

3. Mailing Address

123 Larry Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland

City & State

FL

4. FEI Number

59-1872180

Applied For

Not Applicable

Zip **33809**

Country

USA

Zip **33809**

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RADZEVICH, BETTY A
1400 LINCOLNWOOD LANE
LONGWOOD FL 32750**

*New
Address*

7. Name and Address of New Registered Agent

Name **Betty A. Radzevich**

Street Address (P.O. Box Number is Not Acceptable)

123 LARRY RD

City **LAKELAND**

FL

Zip Code **33809**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **RADZEVICH, KARL W.**
STREET ADDRESS **1400 LINCOLNWOOD LANE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PST** ☐ Delete
NAME **RADZEVICH, BETTY A.**
STREET ADDRESS **1400 LINCOLNWOOD LN.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **123 Larry Rd**
STREET ADDRESS **Lakeland, FL 33809**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **123 Larry Rd**
STREET ADDRESS **Lakeland, FL 33809**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY A. RADZEVICH

Date

Daytime Phone #

4/12/04

**863
8589565**