2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654802

City-St-Zip: ISLAMORADA, FL 33036

Entity Name: ISLAMORADA ELEVATOR COMPANY, INC.

FILED Mar 25, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--|---|
| 88005 OLD HWY ISLAMORADA, FL 33036 US | 88005 OLD HWY UNIT 5 ISLAMORADA, FL 33036 US |
| Current Mailing Address: | New Mailing Address: |
| 83251 OLD HWY. ISLAMORADA, FL 33036 | PO BOX 727 ISLAMORADA, FL 33036 |
| FEI Number: 59-1970888 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| LUPINO, JAMES S. 90130 OLD HWY. TAVERNIER, FL 33070 US | |
| The above named entity submits this statement for the in the State of Florida. | e purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered A | Agent Date |
| Election Campaign Financing Trust Fund Contribution (). | |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |
| Title: DP () Delete Name: DAGGETT, BYRON, Address: 83251 OLD HIGHWAY | Title: () Change () Addition Name: Address: |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BYRON C DAGGETT DP 03/25/2009