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**FILED**
**Jun 06, 2005 8:00 am**
**Secretary of State**
05-03-2005 90174 015 ***558.75

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001926

1. Entity Name
HONTZ ELEVATOR OF FLORIDA, INC.

66021850

| Principal Place of Business | Mailing Address |
|---|---|
| 1271 LA QUINTA DR<br>UNIT 4<br>ORLANDO, FL 32809 | P.O. BOX 1717<br>WALLINGFORD, CT 06492-1717 |

05052005 Chg-P CR2E084 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 06-1814598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| POHL & SHORT, P.A.<br>280 W. CANTON AVE.<br>SUITE 410<br>WINTER PARK, FL 32789 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

**FILE NOW!! FEE IS $550.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SP~~ President<br>HONTZ, DRUE JR.<br>~~20 BURRAGE COURT~~ 260 Burrage Court<br>CHESHIRE, CT 06410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Cheryl Hontz<br>260 Burrage Court Title: Secretary<br>Cheshire, Ct 06410 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCCABE, JAMES<br>743 FOUNDARY STREET<br>EASTON, MA 02375 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>MICHALOWSKI, PAUL<br>26 GATEWAY COURT<br>CHESHIRE, CT 06410 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ President (203) 294-9161
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #