

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000000359**

1. Entity Name  
**GENERAL ELEVATOR SALES AND SERVICE, INC.**



Principal Place of Business  
**10801 SATELLITE BLVD  
ORLANDO, FL 32837**

Mailing Address  
**10801 SATELLITE BLVD  
ORLANDO, FL 32837**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2104070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOC BLOUNT, W. FRANK 1040 STOVALL AVE N.E. 8TH FLOOR ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC BUTLER, DAVID M 767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINN, THOMAS H 1751 LAKE COOK ROAD, SUITE 550 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, JOHN W/JI 875 N. MICHIGAN AVENUE, SUITE 4020 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FISHER, G. ROBERT 4520 MAIN STREET, SUITE 1100 KANSAS CITY, MO 64111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAVINDER, MICHAEL D 10801 SATELLITE BLVD ORLANDO, FL 32837

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01/22/07-80036-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/16/07  
Date

Daytime Phone #