

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002905

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** LOUISIANA LIFT & EQUIPMENT, INC.

**Current Principal Place of Business:**

6847 GREENWOOD RD.  
SHREVEPORT, LA 71119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3869  
SHREVEPORT, LA 711333869 US

**New Mailing Address:**

**FEI Number:** 72-0893905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAPE, KURT W  
205 BLUE LAKE RD.  
SANTA ROSA BEACH, FL 32459 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: PRES  
Name: TAPE, LARRY T  
Address: 424 ASPEN LANE  
City-St-Zip: COVINGTON, LA 70433

Title: VP  
Name: MULLIGAN, JOHN J  
Address: 245 FAIRFIELD OAKS DR.  
City-St-Zip: MADISONVILLE, LA 70447

Title: SEC  
Name: STOCKSTILL, SHARMAN  
Address: 424 ASPEN LANE  
City-St-Zip: COVINGTON, LA 70433

Title: VP/T  
Name: CROSBY, STEPHEN H  
Address: 436 GRAND OAKS DR.  
City-St-Zip: SHREVEPORT, LA 71106

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: TERRY MCCLURE

ACCT

02/16/2012

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

\_\_\_\_\_  
Date