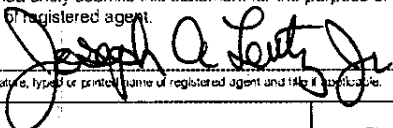
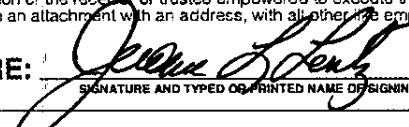


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90119 042 ***150.00

DOCUMENT # F94000000466					
1. Entity Name CHALLENGER LIFTS, INC.					
Principal Place of Business 200 CABLE STREET LOUISVILLE, KY 40206			Mailing Address P.O. BOX 3944 LOUISVILLE, KY 40201-3944		
2. Principal Place of Business 200 CABLE ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-1225957	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, JOEL 2888 SANS PAREIL STREET JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name JOSEPH A LENTZ JR Street Address (P.O. Box Number is Not Acceptable) 8422 Indian Wells Way City NAPLES FL Zip Code 34113		
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  JOSEPH A LENTZ JR DATE 8/27/04 (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENTZ, JEROME L 709 FARMINGHAM RD. LOUISVILLE, KY 40243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REAVIS, DAVID R 205 STILLWOOD CT. LOUISVILLE, KY 40223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOO REAVIS, DAVID R. 205 STILLWOOD CT. LOUISVILLE, KY 40223	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, PHYLLIS A 8803 MCKENNA WAY LOUISVILLE, KY 40291	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, PHYLLIS A 10220 GLENMARY FARM LOUISVILLE, KY 40291	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, MILO D 1700 PARK SHORE RD. LAGRANGE, KY 40031	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCQUADE, TED 4113 SYLVAN DRIVE FLOYDS KNOBS, IN 47119	☒ 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 info empowered.					
SIGNATURE: 			August 27, 2004 502-625-0705		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		