

Florida Dept of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000466

1. Entity Name
CHALLENGER LIFTS, INC.



Principal Place of Business
**200 CABEL STREET
LOUISVILLE, KY 40206**

Mailing Address
**P.O. BOX 3944
LOUISVILLE, KY 40201-3944**



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1225957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LENTZ JR, JOSEPH A
8422 INDIAN WELLS WAY
NAPLES, FL 34113**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
LENTZ, JEROME L
709 FARMINGHAM RD.
LOUISVILLE, KY 40243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
REAVIS, DAVID R
205 STILLWOOD CT.
LOUISVILLE, KY 40223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBINSON, PHYLLIS A
10220 GLENMARY FARM
LOUISVILLE, KY 40291**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRYANT, MILO D
1700 PARK SHORE RD.
LAGRANGE, KY 40031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000374603
07/26/05-80007-018 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/05 502-625-0700