

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002487

FILED
Jul 06, 2005
Secretary of State

Entity Name: LIFTTRUCKS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

57 SUGAR MILL DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

4420 MADISON
STE 180
KANSAS CITY, MO 64111

New Mailing Address:

FEI Number: 43-1084556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELTONHEAD, ROBERT F
57 SUGAR MILL DRIVE
OSPREY, FL 34229 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: ELTONHEAD, ROBERT F
Address: 57 SUGAR MILL DRIVE
City-St-Zip: OSPREY, FL 34229

Title: S () Delete
Name: WHITAKER, WILLIAM P
Address: 4420 MADISON STE 180
City-St-Zip: KANSAS CITY, MO 64111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WHITAKER, WILLIAM P
Address: 4420 MADISON AVE., STE 180
City-St-Zip: KANSAS CITY, MO 64111

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM P. WHITAKER

S

07/06/2005

Electronic Signature of Signing Officer or Director

Date