

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006064

FILED  
Mar 31, 2011  
Secretary of State

Entity Name: GET A LIFT INC.

**Current Principal Place of Business:**

361 -10TH AVE DR. N.E.  
HICKORY, NC 28601

**New Principal Place of Business:**

**Current Mailing Address:**

2425 N. CENTER ST., PMB 162  
HICKORY, NC 28601

**New Mailing Address:**

FEI Number: 56-1954986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: DP  
Name: BOGUE, BETTY Z  
Address: 934 30TH AVE. DR. NW  
City-St-Zip: HICKORY, NC 28601

Title: SD  
Name: BOGUE, H. DANIEL JR.  
Address: 934 30TH AVE. DR. NW  
City-St-Zip: HICKORY, NC 28601

Title: VP  
Name: SIMMONS, ANGELA B  
Address: 4241 N CENTER ST  
City-St-Zip: HICKORY, NC 28601

Title: D  
Name: BEAVER, DONALD C  
Address: BEACHFRONT 530 OCEAN DR  
City-St-Zip: JUNO BCH, FL 33408

Title: D  
Name: SIMMONS, ROBERT  
Address: 4241 N CENTER ST  
City-St-Zip: HICKORY, NC 28601

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: H DANIEL BOGUE JR

SD

03/31/2011

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

\_\_\_\_\_  
Date