

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J26190

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** FORT MYERS FORKLIFT, INC.

**Current Principal Place of Business:**

2049 TOWLES STREET  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 50583  
FORT MYERS, FL 33994

**New Mailing Address:**

**FEI Number:** 59-2704676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELL, WILLIAM A MR.  
2049 TOWLES ST  
FORT MYERS, FL 33916 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: PST  
Name: BELL, WILLIAM A.  
Address: 19450 TAMMY LN.  
City-St-Zip: NORTH FT.MYERS, FL 33917

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: BELL, WILLIAM A.

PST

01/13/2011

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

\_\_\_\_\_  
Date