

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J66460

Entity Name: ALL LIFT SERVICE, INC.

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2811 OVERPASS RD.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291177  
TAMPA, FL 336871177

**New Mailing Address:**

FEI Number: 59-2792630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUIZ SKELTON & MALONEY, P.A.  
1211 N. WESTSHORE BLVD  
SUITE 602  
TAMPA, FL 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: RAYMOND, ROBERT  
Address: 2811 OVERPASS RD.  
City-St-Zip: TAMPA, FL 33619

Title: D  
Name: RAYMOND, ROBERT  
Address: 2811 OVERPASS RD.  
City-St-Zip: TAMPA, FL 33619

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: ROBERT RAYMOND

PRES

04/23/2011

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

\_\_\_\_\_  
Date