

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90678 001 ***150.00

DOCUMENT # P01000017447

1. Entity Name

PRO-LIFT FINGERPRINT COLLECTION SYSTEM, INC.



Principal Place of Business

206 CAMELLIA WAY
HENDERSONVILLE NC 28739

Mailing Address

206 CAMELLIA WAY
HENDERSONVILLE NC 28739

2. Principal Place of Business

208 Pine Berry Circle
Suite, Apt. #, etc.

3. Mailing Address

208 Pine Berry Circle
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hendersonville NC

Zip

28739

Country

USA

City & State

Hendersonville NC

Zip

28739

Country

USA

4. FEI Number

65-1089968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEPLS, RONALD M
3011 48 AVE. EAST
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASSIMO, JOHN M SR.
STREET ADDRESS 206 CAMELLIA WAY
CITY-ST-ZIP HENDERSONVILLE NC 28739 ☒ Delete

TITLE VD
NAME MASSIMO, LINDA L
STREET ADDRESS 206 CAMELLIA WAY
CITY-ST-ZIP HENDERSONVILLE NC 28739 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME Linda L. Massimo
STREET ADDRESS 208 Pine Berry Circle
CITY-ST-ZIP Hendersonville NC 28739 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Linda L. Massimo Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

828 692-5511

Daytime Phone #