

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066029

FILED
May 16, 2007
Secretary of State

Entity Name: BRANDON LIFT SERVICE, INC.

Current Principal Place of Business:

PO BOX 3776
BRANDON, FL 33509

New Principal Place of Business:

.10341 HWY 92
.TAMPA, FL 33610

Current Mailing Address:

PO BOX 3776
BRANDON, FL 33509

New Mailing Address:

FEI Number: 65-1122239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTERIZIO, JAMES J
212 TERRACE DRIVE
BRANDON, FL 33510 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALTERIZIO, JAMES J
Address: PO BOX 3776
City-St-Zip: BRANDON, FL 33509

Title: VD () Delete
Name: ALTERIZIO, TRACIE B
Address: PO BOX 3776
City-St-Zip: BRANDON, FL 33509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES J ALTERIZIO

PRES

05/16/2007

Electronic Signature of Signing Officer or Director

_____ Date