

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082658

Entity Name: FLORIDA LIFT TECH, INC.

FILED
Apr 25, 2011
Secretary of State

Current Principal Place of Business:

17435 76TH ST. NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

17435 76TH ST. NORTH
LOXAHATCHEE, FL 33470 06

Current Mailing Address:

17435 76TH ST. NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

17435 76TH ST. NORTH
LOXAHATCHEE, FL 33470 06

FEI Number: 80-0029601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, CLINTON R
17435 76TH ST. NORTH
LOXAHATCHEE, FL 33470 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: PD
Name: HAAS, CLINTON R
Address: 17435 76TH ST. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 06

Title: VD
Name: HAAS, ALLISON A
Address: 17435 76TH ST. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 06

Title: VD
Name: HAAS, ALLISON
Address: 17435 76TH STREET NORTH
City-St-Zip: LOXAHATCHEE, 60 33470 06

Title: VD
Name: HAAS, ALLISON
Address: 17435 76TH STREET NORTH
City-St-Zip: LOXAHATCHEE, 60 33470 06

Title: VD
Name: HAAS, ALLISON
Address: 17435 76TH STREET NORTH
City-St-Zip: LOXAHATCHEE, 60 33470 06

Title: VD
Name: HAAS, ALLISON
Address: 17435 76TH STREET NORTH
City-St-Zip: LOXAHATCHEE, 60 33470 06

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: ALLISON HAAS

VD

04/25/2011

Electronic Signature of Signing Officer or Director

Date