

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000106615**

Entity Name  
**R.A.O. ELEVATOR INSPECTION, INC.**



Principal Place of Business  
**838 HOLLYBERRY COURT**  
**NORTH FORT MYERS, FL 33917**

Mailing Address  
**838 HOLLYBERRY COURT**  
**NORTH FORT MYERS, FL 33917**



04302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-1151595** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OFFERMANN, ROBERT A**  
**838 HOLLYBERRY COURT**  
**NORTH FORT MYERS, FL 33917**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OFFERMANN, ROBERT A
STREET ADDRESS	838 HOLLYBERRY COURT
CITY - ST - ZIP	NORTH FORT MYERS, FL 33917
TITLE	V
NAME	OFFERMANN, KAROLYN J
STREET ADDRESS	838 HOLLYBERRY COURT
CITY - ST - ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/18/06 80040-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert A Offermann **ROBERT A OFFERMANN** 4/30/06 239-993-1503  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #