


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000106615
1. 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**

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000588448
01/17/07-90073-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OFFERMANN, ROBERT A 838 HOLLYBERRY COURT NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OFFERMANN, KAROLYN J 838 HOLLYBERRY COURT NORTH FORT MYERS, FL 33917
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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** 1/13/07 239-593-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #