


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90029 038 ***150.00

DOCUMENT # P01000113508

1. Entity Name
 TECHNICAL LIFT SERVICES, INC.



Principal Place of Business
 4218 SE 20TH PLACE
 UNIT D-5
 CAPE CORAL, FL 33904 US

Mailing Address
 1500 COLONIAL BLVD.
 SUITE 102
 FORT MYERS, FL 33907 US

11060103



2. Principal Place of Business
 112 CAPE CORAL PKWY E
 SUITE, APT. #, etc.
 UNIT B
 CAPE CORAL, FL
 Zip 33904 Country

3. Mailing Address
 C/O SZYMANSKI
 SUITE, APT. #, etc.
 13391 GATEWAY DR. #117
 FORT MYERS, FL
 Zip 33919 Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
 80-0004042 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SZYMANSKI, FRAN
 1500 COLONIAL BOULEVARD
 SUITE #102
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
 Name: FRANCES SZYMANSKI
 Street Address (P.O. Box Number is Not Acceptable): 13391 GATEWAY DR. #117
 City: FORT MYERS, FL Zip Code: 33919

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: *Frances Szymanski* DATE: 4/17/04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RICE, WILLIAM F 4218 SE 20TH PLACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 5218 SKYLARK COURT CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, CALVIN 4109 SW 27TH AVE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICE, WILLIAM F 4218 SE 20TH PLACE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *William F Rice* DATE: 3-30-04 (23) 872-3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #