

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90260 007 \*\*\*150.00

**DOCUMENT # P01000113508**  
 1. Entity Name  
 TECHNICAL LIFT SERVICES, INC.



Principal Place of Business  
 1112 CAPE CORAL PKWY E  
 UNIT B  
 CAPE CORAL, FL 33904 US

Mailing Address  
 % SZYMANSKI  
 13391 GATEWAY DR #117  
 FORT MYERS, FL-33919 US

200430644

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 % RICHARD DONNER CPA  
 Suite, Apt. #, etc.  
 6309 Corporate Ct. #115



City & State  
 FT MYERS FL

04222005 Chg-P CR2E034 (10/03)

Zip Country  
 33919 USA

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, ERAN  
 13391 GATEWAY DR., #117  
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent  
 Name: RICHARD A. DONNER CPA PA  
 Street Address (P.O. Box Number is Not Acceptable): 6309 CORPORATE CT, #115  
 City: FT MYERS FL Zip: 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: *Richard A. Donner CPA* DATE: 4/22/05

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RICE, WILLIAM F 5218 SKYLARK COURT CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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)(i), 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: 4/22/05 DAYTIME PHONE #: 239 872 3445

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