


**FILED**  
06 SEP 12 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
40101778

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000113508			
1. Entity Name TECHNICAL LIFT SERVICES, INC.			
Principal Place of Business William F. Rice 5218 SKYLARK CT CAPE CORAL, FL 33904 US		Mailing Address 5218 SKYLARK CT CAPE CORAL FL 33904	
2. Principal Place of Business 5218 SKYLARK CT Suite, Apt. #, etc.		3. Mailing Address SPARE Suite, Apt. #, etc. 11	
City & State CAPE CORAL FL		City & State IT	
Zip 33904	Country Lee	Zip 33904	Country Lee
4. FEI Number 80-0004042		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent William F. Rice 5218 SKYLARK CT CA FL 33904		7. Name and Address of New Registered Agent Name: William F. Rice Street Address (P.O. Box Number is Not Acceptable): 5218 SKYLARK CT City: CA FL Zip Code: 33904	
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: <u>William F. Rice</u> DATE: <u>4-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PR & SECRETARY RICE, WILLIAM F 5218 SKYLARK COURT CAPE CORAL FL <input checked="" 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 checked="" type="checkbox"/> Addition
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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 furnished on this annual 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			

William F. Rice

ATTACHMENT 40101778

Div. of Corporation # P01000113508  
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Technical lift services in HAD.  
Sent CHECK NO. 1039 for amt of 150.00  
To Dept of STATE. ARE BANK RECORDS  
SLOW THIS CHECK HAS NEVER BEEN  
PROBESS. I WILLIAM F RICE owner  
of said company. Spoke to someone  
in your office they had said to  
WRITE THIS LETTER. AND COPIES OF  
STUB. ALSO STATING THAT YOU  
WOULD POSSIBLY WAIVE LATE FEES  
BECAUSE OF NO FAULT OF OURS.

THANK YOU  
WILLIAM F RICE

TECHNICAL LIFT SERVICES INC  
GOD BLESS