

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067473

FILED
Apr 22, 2004
Secretary of State

Entity Name: CERTIFIED ELEVATOR INSPECTORS, INC.

Current Principal Place of Business:

465 MEAD DR
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 621328
OVIEDO, FL 327621328

New Mailing Address:

FEI Number: 02-0621526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, CARL T
5103 MEMORIAL HWY.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SZELE, GWENDOLYN
Address: 465 MEAD DR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN SZELE

D

04/22/2004

Electronic Signature of Signing Officer or Director

Date