

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90255 046 \*\*\*150.00

**DOCUMENT # P02000095489**

1. Entity Name

**INDEPENDENT ELEVATOR INSPECTIONS, INC.**



Principal Place of Business

**1533 SW 1ST WAY, STE. 20  
DEERFIELD BEACH FL 33441**

Mailing Address

**1533 SW 1ST WAY, STE. 20  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

**4400 NW 109 Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**4400 NW 109 Terrace**

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

Zip

**33065**

Country

City & State

**Coral Springs, FL**

Zip

**33065**

Country

4. FEI Number

**22-3868890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**FISHMAN, ALAN S ESQ.  
2301 WEST SAMPLE RD., BLDG. 4, STE. 1A  
POMPANO BEACH FL 33073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**LARRY W DEAL**

**President**

(NOTE: Registered agent signature required when reinstating)

*Larry W Deal*

**President**

**3-17-06**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DEAL, LARRY**  
STREET ADDRESS **4400 NW 109TH TERR.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

**LARRY W DEAL**

**President**

*Larry W Deal*

**3-17-06**

Date

**954-214-9487**

Daytime Phone #