

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 011 ***150.00

DOCUMENT # P03000002874

1. Entity Name
AAA JACKSONVILLE KING LIFT INC



Principal Place of Business
**6237 BEACH BLVD
JACKSONVILLE, FL 32216**

Mailing Address
**11350 CANVASBACK CT
JACKSONVILLE, FL 32225**

50051013

2. Principal Place of Business
850 CESERY BLVD, 1-2
Suite, Apt. #, etc.
SUITE 1-2

3. Mailing Address
850 CESERY BLVD.
Suite, Apt. #, etc.
SUITE 1



04302005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE, FL
Zip
32211 Country
USA

City & State
JACKSONVILLE, FL
Zip
32211 Country
USA

4. FEI Number
37-1423380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSINI, GEORGE G
11350 CANVASBACK CT
JACKSONVILLE, FL 32225**

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

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 **P** ☐ Delete
NAME **ROSSINI, GEORGE G**
STREET ADDRESS **11350 CANVASBACK CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **V** ☐ Delete
NAME **CURTISS, JOHN F.**
STREET ADDRESS **18814 CHOPIN DR.**
CITY-ST-ZIP **LUTZ, FL 33558**

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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05
Date

(904) 745-5642
Daytime Phone #