

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90038 032 \*\*\*158.75

<b>DOCUMENT # P04000009461</b> 1. Entity Name <b>AMERILIFTS, INC.</b>			
Principal Place of Business <b>1224 WINDY BLUFF DRIVE CLERMONT, FL 34711</b>		Mailing Address <b>1224 WINDY BLUFF DRIVE CLERMONT, FL 34711</b>	
2. Principal Place of Business <b>16346 Budowsky Rd</b>		3. Mailing Address <b>PO Box 10196</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Brooksville, Fl</b>		City & State <b>Brooksville, Fl</b>	
Zip <b>34614-0196</b>		Zip <b>34603-0196</b>	
Country <b>USA</b>		Country 	
4. FEI Number <b>20-0590198</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NAILE, MEGAN 1224 WINDY BLUFF DRIVE CLERMONT, FL 34711</b>		7. Name and Address of New Registered Agent Name <b>Betty Ann McIntosh</b> Street Address (P.O. Box Number is Not Acceptable) <b>16346 Budowsky Road</b> City <b>Brooksville</b> <b>FL</b> Zip Code <b>34614</b>	
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: <i>Betty Ann McIntosh</i> (Betty Ann McIntosh) <b>January 20, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NAILE, DONALD N JR 1224 WINDY BLUFF DRIVE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Ernest L. Leavell 16346 Budowsky Road Brooksville, Fl 34614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NAILE, MEGAN D 1224 WINDY BLUFF DRIVE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Betty Ann McIntosh 16346 Budowsky Road Brooksville, Fl 34614 <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	V Tom A. Jacobs 38912 Cambridge Dr. Zephyrhills, FL 33540 <input type="checkbox"/> Change <input checked="" 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 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 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.			
<b>SIGNATURE:</b> <i>Ernest L. Leavell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>January 20, 2005</b> <b>352-796-7578</b> <small>Date Daytime Phone #</small>	