



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90188 023 ***158.75

DOCUMENT # P04000162016					
1. Entity Name FORKLIFT SPECIALIST INC.					
Principal Place of Business 12477 66TH STREET N., UNIT B LARGO, FL 33773			Mailing Address 12477 66TH STREET N., UNIT B LARGO, FL 33773		
2. Principal Place of Business - No P.O. Box # 5094 ULMERTON RD SUITE #8 Suite, Apt. #, etc. CLEARWATER, FL.		3. Mailing Address 5094 ULMERTON RD SUITE #8 Suite, Apt. #, etc. CLEARWATER, FL.			
City & State FL		City & State		02252008 Chg-P CR2E034 (12/06)	
Zip 33760-4035		Country PINEHILLS		4. FEI Number 20-1946720	
City FL		City FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEVINGTON, MICKEY 12477 66TH STREET N., UNIT B LARGO, FL 33773			7. Name and Address of New Registered Agent Name: BEVINGTON, MICKEY Street Address (P.O. Box Number is Not Acceptable): 5094 ULMERTON RD SUITE #8 City: CLEARWATER, FL Zip Code: 33760-4035		
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: MICKEY BEVINGTON <i>[Signature]</i> DATE: 2-27-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEVINGTON, MICKEY 6825 PUFFIN LN HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEVINGTON, ROBIN L. 6825 PUFFIN LANE HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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: MICKEY BEVINGTON, PRESIDENT <i>[Signature]</i> 727-593-2521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					