

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047183

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA ELEVATOR JACK REPAIR COMPANY

**Current Principal Place of Business:**

97 WALLINGFORD STREET  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 429  
FROSTPROOF, FL 33843

**New Mailing Address:**

**FEI Number:** 20-4615050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDIGUREN, FIDEL  
930 SO. OCEAN BLVD  
DELRAY BEACH, FL 33483 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: P, S ( ) Delete  
Name: MENDIGUREN, FIDEL  
Address: 930 SO. OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: WEEKS, THOMAS  
Address: 196 FREEDOM DR  
City-St-Zip: FROSTPROOF, FL 33843

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FIDEL MENDIGUREN

PS

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date