


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90032 046 ***150.00


DOCUMENT # P06000142513	
1. Entity Name UMATILLA LIFT SERVICES INC.	

Principal Place of Business 39255 ROSE STREET UMATILLA, FL 32784	Mailing Address 39255 ROSE STREET UMATILLA, FL 32784
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1872 BEL COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

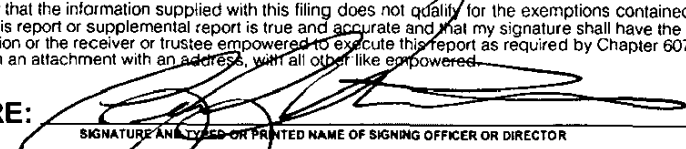
City & State INDIALANTIC FL	City & State INDIALANTIC FL
Zip 32903	Country BARBAD

6. Name and Address of Current Registered Agent COLANTUONO, WILLIAM B 39255 ROSE STREET UMATILLA, FL 32784		7. Name and Address of New Registered Agent Name COLANTUONO, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 1872 BEL COURT City INDIALANTIC FL Zip Code 32903	
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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 	DATE 25 JUL 08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLANTUONO, WILLIAM B 1872 BEL COURT INDIALANTIC, FL 32903 <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 checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 25 JUL 08 321 441-2772