

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P95000055810**

1. Entity Name  
**ADVANCED ELEVATOR SERVICE, INC.**



Principal Place of Business  
**14011 SW 29 ST.  
FORT LAUDERDALE, FL 33325-5420 US**

Mailing Address  
**14011 SW 29 ST.  
FORT LAUDERDALE, FL 33325-5420 US**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0597872**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BUTLER, DALE M.  
14011 SW 20 ST.  
DAVIE, FL 33325-5420**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BUTLER, DALE M.
STREET ADDRESS	14011 SW 20 ST.
CITY - ST - ZIP	DAVIE, FL 333255420
TITLE	D
NAME	ELDON, WALTER B. III
STREET ADDRESS	8306 NW 74TH TERRACE
CITY - ST - ZIP	TAMARAC, FL
TITLE	VP
NAME	GAVAGNI, DONALD A
STREET ADDRESS	8397 NW 25TH CT
CITY - ST - ZIP	FORT LAUDERDALE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000544845  
05/11/06-80051-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #