

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000063408

1. Entity Name
A.C. LIFTS & WELDING, INC.



**FILED
May 04, 2006 8:00 am
Secretary of State**

05-04-2006 90235 006 ***150.00

Principal Place of Business
P.O. BOX 266
RIVerview, FL 33569

Mailing Address
P.O. BOX 266
RIVerview, FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03252006 Chg-P CR2E034 (11/05)

Zip

Country

Zip

Country

4. FEI Number
59-3330164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, ALAN L
10012 PENINSULAR DRIVE
GIBSONTON, FL 33534

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT Delete
NAME CLARK, ALAN L
STREET ADDRESS 10012 PENINSULAR DRIVE
CITY-ST-ZIP GIBSONTON, FL 33534

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME CLARK, CHARLOTTE K
STREET ADDRESS 10012 PENINSULAR DR
CITY-ST-ZIP GIBSONTON, FL 33534

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Charlotte Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15-1-06