

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 08:00 A
Secretary of State

DOCUMENT # P96000095736
 1. Entity Name
 AMERICAN LIFT, INC.



Principal Place of Business: 257 NW 27TH AVE, OCALA, FL 34475
 Mailing Address: P.O. BOX 5430, OCALA, FL 34478

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3415298 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GILL, S. RAY
 613 S.E. FT. KING STREET
 OCALA, FL 34471

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	BATH, BEN
STREET ADDRESS	13611 N. MAGNOLIA AVE.
CITY-ST-ZIP	CITRA, FL 32113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Benjamin E. Bath 4/14/06 3521732-6454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #