-2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2006 08:00 AM Secretary of State

DOCUMENT	#P98000004148
1 Entity Name	

 Entity Name PRECISION LIFTS OF DEERFIELD BEACH, INC.



Principal Place of Business

Mailing Address

730 SOUTH DEERFIELD AVE.

730 SOUTH DEERFIELD AVE.

#1

DEERFIELD BEACH, FL 33441

DEERFIELD BEACH, FL 33441



DO NOT WRITE IN THIS SPACE

02022008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0804077

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PHONENIX, NORMAND R 730 SOUTH DEERFIELD AVE. #1

DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

		}			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	office or registered agent, or t	both, in the State of Florida. I am familiar with, and acce	
SIGNATURE_	Signature, typed or printed name of registered agent and title i	August Design	ent signature required when reinstating)	DATE	
	Signature, typed or printed name or registered agent and the t	1 applicable Inc. : Helizie ap vo	ent alčinatrias tadonao anten imitatstraf)	אַריע	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHOENIX, NRMAND R 730 SOUTH DEERFIELD AVE. #1 DEERFIELD BEACH, FL 33441	· .		U00000437273 02/28/06-800 35-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				NOT WRITE 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 filmade under oath; that it 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:

STREET ADDRESS CITY-\$7-ZIP

NAME STREET ADORESS CITY-ST-ZIP

NAME SIREEI ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF PIRECTO

NORMHNO R. PHOENIX 2/13/06 954-419-944