


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 APR 21 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| DOCUMENT # S94122                         |  |
| 1. Entity Name<br>U.S. LIFT ORLANDO, INC. |   |

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|--|--|
| Principal Place of Business<br>1130 S RIO GRANDE<br>ORLANDO, FL 32805 US | Mailing Address<br>1130 S RIO GRANDE<br>ORLANDO, FL 32805 US |
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0311617  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>RHOADS, PAUL A<br>1130 S. RIO GRANDE AVE<br>ORLANDO, FL 32805 |
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**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 Paul A Rhoads DATE 4-13-05  
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<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee | 500054017945<br>05/05--01072--024 **150.00 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>RHOADS, PAUL A<br>1130 S. RIO GRANDE AVE<br>ORLANDO, FL 32805  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>RHOADS, KATHY J<br>1130 S. RIO GRANDE AVE<br>ORLANDO, FL 32805 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>Baggett, Jon P<br>4705 Haylock Drive<br>Orlando, FL 32807     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

*AB5/2*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul A Rhoads PAUL A. RHOADS 4-13-05 4078432565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #