

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90260 047 \*\*\*158.75

34076005



MOORE CR2E034 (11/03)

**DOCUMENT # P97000053650**

1. Entity Name  
**ALLSTAIRS, INC.**



Principal Place of Business      Mailing Address

1330 W. INDUSTRIAL AVE      1330 W. INDUSTRIAL AVE  
 BLDG. 109      BLDG. 109  
 BOYNTON BEACH FL 33426      BOYNTON BEACH FL 33426

2. Principal Place of Business      3. Mailing Address

**2900 NW Commerce Park Dr #1**      **2900 NW Commerce Park Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**#1**      **#1**

City & State      City & State

**Boynton Beach**      **Boynton Bch**

Zip      Country      Zip      Country

**33426 USA**      **33426 USA**

4. FEI Number      Applied For

**65-0760823**      Not Applicable

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

6. Name and Address of Current Registered Agent

**FRITZ, JIMMY B**  
**953 BROOKDALE DRIVE**  
**BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

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 *Jimmy B Fritz Pres.*      DATE **4/28/04**

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FRITZ, JIMMY B	
STREET ADDRESS	1330 W. IND. AVE, B-109	
CITY-ST-ZIP	BOYNTON BEACH FL 35426	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRITZ, MARSHA L	
STREET ADDRESS	1330 W IND. AVE B-109	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jimmy B Fritz*      DATE: **4/28/04**      DAYTIME PHONE #: **5614934455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR