

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087086

Entity Name: STAIRS INVESTMENTS, INC.

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

926 LAURA STREET
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

926 LAURA STREET
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3673112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAIRS, KARL O
926 LAURA STREET
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAIRS, KARL O
Address: 4946 NW 35TH ST
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: STAIRS, HELEN L
Address: 4946 NW 35TH STREET
City-St-Zip: OCALA, FL 34482

Title: ST () Delete
Name: STAIRS, KARL O II
Address: 208 S SANFORD AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: STAIRS, CYNTHIA H
Address: P.O. BOX 1922
City-St-Zip: LADY LAKE, FL 32158

Title: D () Delete
Name: LORD, CARLA L
Address: 5475 NW 75TH AVE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: STAIRS, MICHAEL G
Address: 800 STAIRWAY
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: STAIRS, CYNTHIA H
Address: P. O. BOX 1922
City-St-Zip: LADY LAKE, FL 32158

Title: D (X) Change () Addition
Name: LORD, CARLA L
Address: 5475 N.W. 75TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: D (X) Change () Addition
Name: STAIRS, KARL O II
Address: 208 S. SANFORD AVENUE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL O. STAIRS

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date