


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90043 019 \*\*\*150.00

<b>DOCUMENT # P02000030804</b>					
1. Entity Name <b>JANSSON CUSTOM STAIRS, INC.</b>					
Principal Place of Business <b>4832 ABADAN ST N PORT, FL 34287</b>			Mailing Address <b>5900 S. TAMiami TRAIL SUITE I SARASOTA, FL 34231</b>		
2. Principal Place of Business <b>1544 MARKET CIRCLE</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>#1004</b>			Suite, Apt. #, etc.		
City & State <b>Port Charlotte FL</b>			City & State		
Zip <b>33953</b>		Country <b>US</b>		4. FEI Number <b>60-0002882</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ASTRONSKAS, CATHERINE L CPA PA 5900 S TAMiami TR ST 1 SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <b>TRACY CATHERINE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5900 S. TAMiami TRAIL</b> <b>SUITE I</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>		
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 <i>Catherine L. Astronskas</i> DATE <b>1-20-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5:00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSSON, CHRISTOPHER C <input type="checkbox"/> Delete 4832 ABADAN ST N PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JANSSON, Christopher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4832 ABADAN ST. NORTH PORT FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JANSSON, CHRISTOPHET <input checked="" type="checkbox"/> Delete 4832 ABADAN ST. NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *CHIC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_