


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90024 048 ***150.00

DOCUMENT # P03000045139	
1. Entity Name ELEVATION STAIR CO.	

Principal Place of Business 1910 HUNTERS COURT WELLINGTON FL 33414 US	Mailing Address 1910 HUNTERS COURT WELLINGTON FL 33414 US
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2. Principal Place of Business 175 N. Cleary Rd.	3. Mailing Address 175 N. Cleary Rd.
Suite, Apt. #, etc. Unit A1	Suite, Apt. #, etc. Unit A1
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33413	Country Palm Beach



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERMILLION, KIM 1910 HUNTERS COURT WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vermillion, Kim 1250 Barnstable Circle Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERMILLION, ROGER 1910 HUNTERS COURT WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vermillion, Roger 1250 Barnstable Circle Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Kimberly A. Vermillion 4/20/04 501-616-404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #