


FILED
Jul 13, 2005 8:00 am
Secretary of State

04-01-2005 90006 050 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000149812			
1. Entity Name ABSOLUTE HARDWOOD STAIRS, INC.			
Principal Place of Business 403 W. OSCEOLA ST. MINNEOLA, FL 43755 US		Mailing Address P O BOX 441 MINNEOLA, FL 34755 US	
2. Principal Place of Business		3. Mailing Address 15380 CR. 565A	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite D	
City & State		City & State Groveland, FL	
Zip	Country	Zip	Country
34736		LAKE	
4. FEI Number 57-1195028		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KYLE, DANIEL E 403 W. OSCEOLA ST. MINNEOLA, FL 34755		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KYLE, DANIEL E P O BOX 441 MINNEOLA, FL 34755 <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	VP KYLE, MARK B 12730 BOBCAT TR. CLERMONT, FL 34711 <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	TR HEWETT, MICHAEL L 424 WHITEWING CR. CLERMONT, FL 34711 <input checked="" 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	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Katherine Kyle Hurtak 8172 W. Magnolia St. Clermont, FL 34711
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
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: Katherine K. Hurtak		KATHERINE K. HURTAK 3/30/05 352-243-4699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

April 4, 2005

ATTACHMENT

66624570

ABSOLUTE HARDWOOD STAIRS, INC.
P O BOX 441
MINNEOLA, FL 34755-05

SUBJECT: ABSOLUTE HARDWOOD STAIRS, INC.
Ref. Number: P03000149812

COPY

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

I called all day; was told to call back in 30 minutes

ALL DAY

ANNUAL REPORTS SECTION

Letter number: 005A00022969

/vrh

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS
7. LIST
ENTER SELECTION AND CR: