


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90013 026 \*\*\*150.00

DOCUMENT # P03000149812 1. Entity Name ABSOLUTE HARDWOOD STAIRS, INC.	
---	---

Principal Place of Business 15380 C.R. 565A SUITE # B GROVELAND, FL 34736 US	Mailing Address 15380 C.R. 565A SUITE # B GROVELAND, FL 34736 US
---	---

→ Our Suite Is Now B. Moved next door. Thank You!

**DO NOT WRITE IN THIS SPACE**

40000651

01042008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

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 Daniel E. Kyle President DATE 1/4/08

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, 2008 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KYLE, DANIEL E P O BOX 441 MINNEOLA, FL 34755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KYLE, MARK B 12730 BOBCAT TR. CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HURTAK, KATHERINE KYLE 1172 W MAGNOLIA ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

zip has changed to 34714

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Kyle Hurtak Secretary/Treasurer DATE 1/4/08 352-243-4699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR