


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000150165
 1. Entity Name
 STAIRS BY CHIP, INC.



Principal Place of Business Mailing Address
 3900 SE 45TH CT 3823 S.E. 49TH STREET
 7 Ocala, FL 34480
 Ocala, FL 34480

DO NOT WRITE IN THIS SPACE



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0484843	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
 DUFFEY, CHARLES R
 3823 S.E. 49TH STREET
 Ocala, FL 34480

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 _____ DATE _____
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFEY, CHARLES R 3823 S.E. 49TH STREET OCALA, FL 34480
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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: Charles R Duffey 8-11-05 352-216-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #