


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000005991**

1. Entity Name  
ELITE STAIRS, RAILS & TRIMWORK, INC.




FILED  
05 OCT -4 PM 3: 18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 203 DOLPHIN CIRCLE MIDDLEBURG, FL 32068	Mailing Address 203 DOLPHIN CIRCLE MIDDLEBURG, FL 32068
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2. Principal Place of Business <i>203 Dolphin Cir.</i> Suite, Apt. #, etc. <i>Home</i>	3. Mailing Address <i>203 Dolphin Cir.</i> Suite, Apt. #, etc. <i>Home</i>
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City & State <i>Middleburg Fl.</i> Zip <i>32068</i> Country <i>Clay</i>	City & State <i>Middleburg Fl.</i> Zip <i>32068</i> Country <i>Clay</i>
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09162005 Chg-P CR2E034 (10/03)  
 4. FET Number *P04000005991*  
*263-25-6667*  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILES, ROBERT A  
203 DOLPHIN CIRCLE  
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name *N/A*  
 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 *Robert A. Bailes* DATE *9-28-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005</b>	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	
TITLE	D <input type="checkbox"/> Delete
NAME	BAILES, ROBERT A
STREET ADDRESS	203 DOLPHIN CIRCLE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*000060245660*  
*10/05/05--01018--006 \*\*558.75*

*10/14*

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: *Robert A. Bailes* DATE *9-28-05* 904-635-0508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #