

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90001 030 ***150.00

DOCUMENT # P04000007995

1. Entity Name
MICHAEL J GERALI STAIRS ETC, INC.



Principal Place of Business Mailing Address
05128 SYDNEY ROAD **05128 SYDNEY ROAD**
FRUITLAND PARK FL 34731 **FRUITLAND PARK FL 34731**

2. Principal Place of Business 3. Mailing Address
39101 Grays Airport Rd **39101 Grays Airport Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lady Lake, FL **Lady Lake, FL**

Zip Country Zip Country
32159 **USA** **32159** **USA**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
51-0492175 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GERALI, MICHAEL J
05128 SYDNEY ROAD
FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
39101 Grays Airport Rd
 City State Zip Code
Lady Lake **FL** **32159**

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: *[Signature]* **President** **5/23/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GERALI, MICHAEL J	
STREET ADDRESS	05128 SYDNEY ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerali, Michael J	
STREET ADDRESS	39101 Grays Airport Rd	
CITY-ST-ZIP	Lady Lake, FL 32159	
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		

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: *[Signature]* **Michael Gerali** **5-23-05** **352-267-8965**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #