

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90084 009 ***150.00

DOCUMENT # P04000164099



1. Entity Name
SPIRAL STAIRCASE SYSTEMS INC.

Principal Place of Business
**9200 SOUTH DADELAND BLVD., STE. 508
MIAMI, FL 33156**

Mailing Address
**9200 SOUTH DADELAND BLVD., STE. 508
MIAMI, FL 33156**

40035742



2. Principal Place of Business
215 CELEBRATION PLACE

3. Mailing Address
215 CELEBRATION PLACE

02252005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
CELEBRATION FL

City & State
CELEBRATION

4. FEI Number
20-2081693

Applied For
Not Applicable

Zip
34747

Country
USA.

Zip
34747

Country
USA.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE. 508
MIAMI, FL 33156

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDFORD, DAVID H		NAME	BEDFORD, DAVID H	
STREET ADDRESS	33 BEECHWOOD CRESCENT, EASTBOURNE, EAST		STREET ADDRESS	33 BEECHWOOD CRESCENT, EASTBOURNE,	
CITY-ST-ZIP	SUSSEX BN20 8 AE GREAT BRIT..		CITY-ST-ZIP	EAST SUSSEX BN21 8AE GREAT BRIT.	
TITLE		<input type="checkbox"/> Delete	TITLE	MR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILSON STEIG	
STREET ADDRESS			STREET ADDRESS	6143 BLAKEFORD DR, KEENES PT,	
CITY-ST-ZIP			CITY-ST-ZIP	WINDERHIRE FL 34786	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: David Bedford **DAVID BEDFORD** **3-15-05** **011 44 7702 595600**

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