


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000050576 |  |
| 1. Entity Name PALM BEACH STAIRS & WOODWORKS, INC. | |

| | |
|--|--|
| Principal Place of Business 3748 PROSPECT AVE #2 RIVIERA BCH, FL 33404 US | Mailing Address 3748 PROSPECT AVE #2 RIVIERA BCH, FL 33404 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 65-0597109 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

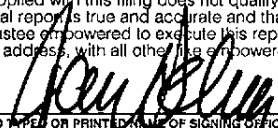
| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SCHNOLL, JACK M 3682 TOULOUSE DRIVE PALM BEACH GARDENS, FL 33410 | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |

SIGNATURE _____
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 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | | |
|--|---|---|
| 10. OFFICERS AND DIRECTORS | | <p>U000000178754 01/12/05-80040-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHNOLL, JACK M 3748 PROSPECT AVE #2 RIVIERA BCH, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHNOLL, LINDA 3748 PROSPECT AVE #2 RIVIERA BCH, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE 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)(f), 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:  1-5-05 863-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #