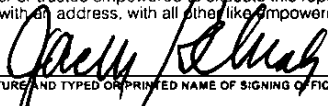


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90009 043 \*\*\*400.00

<b>DOCUMENT # P95000050576</b>					
<b>1. Entity Name</b> PALM BEACH STAIRS & WOODWORKS, INC.					
<b>Principal Place of Business</b> 3748 PROSPECT AVE #2 RIVIERA BCH, FL 33404 US			<b>Mailing Address</b> 3748 PROSPECT AVE #2 RIVIERA BCH, FL 33404 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0597109	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHNOLL, JACK M 3682 TOULOUSE DRIVE PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> SCHNOLL, JACK M 3748 PROSPECT AVE #2 RIVIERA BCH, FL		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> SCHNOLL, LINDA 3748 PROSPECT AVE #2 RIVIERA BCH, FL		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 			7/3/08 561-863-1050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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**Annual Report Online Filing**

Document Number P95000050576

Business Entity Name PALM BEACH STAIRS &amp; WOODWORKS, INC.

- ☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 65 - 0597109

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution Yes No

**Principal Place of Business**

Address 3748 PROSPECT AVE (PO Box not acceptable)

Suite, Apt. #, etc. #2

City, State RIVIERA BCH, FL

Zip Code &amp; Country 33404 US

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

- ☐ Mailing address same as principal address

Address 3748 PROSPECT AVE

Suite, Apt. #, etc. #2

City, State RIVIERA BCH, FL

Zip Code &amp; Country 33404 US

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title) SCHNOLL, JACK, M

- OR -

Business to serve as RA

Street Address In Florida 3682 TOULOUSE DRIVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State PALM BEACH GARDENS , FL  
Zip Code & Country 33410 US

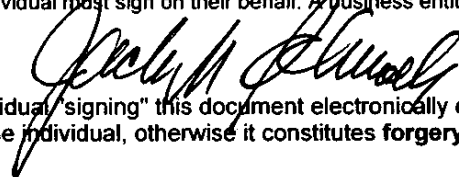
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# P95000650576

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title P  
Name (Last, First, Middle, Title) SCHNOLL , JACK , M  
- OR -

**Entity Name to serve as Officer/Director**

Street Address 3748 PROSPECT AVE #2  
City, State RIVIERA BCH , FL  
Zip Code & Country

**Name And Address #2**

Title VP  
Name (Last, First, Middle, Title) SCHNOLL , LINDA  
- OR -

**Entity Name to serve as Officer/Director**

Street Address 3748 PROSPECT AVE #2  
City, State RIVIERA BCH , FL  
Zip Code & Country

**Name And Address #3**

Title  
Name (Last, First, Middle, Title)  
- OR -

**Entity Name to serve as Officer/Director**

Street Address  
City, State  
Zip Code & Country

## ATTACHMENT

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

40112181  
# P95 0000 50576**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PRES JACK M SCHNOLL, PRES

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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