

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000033930

1. Entity Name

STEPS-N-RISERS OF FLORIDA INC.



Principal Place of Business

**4921 E REGNAS AVE.
TAMPA FL 33617**

Mailing Address

**4921 E REGNAS AVE.
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3402967

Applied For

Not Applicable

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

**LANGFORD, COOPER
4921 E REGNAS AVE.
TAMPA FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, type 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 2
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
LANGFORD, COOPER
4921 E REGNAS AVE.
TAMPA FL 33617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000000457084
03/18/06 00055-005 150.00** ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LANGFORD, MATTHEW
4921 E REGNAS AVE.
TAMPA FL 33617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Cooper / COOPER LANGFORD

3-1-06 813-985-4988