

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90052 017 ***163.75

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1. Entity Name

STAIRMASTERZ INC.



Principal Place of Business

4455 DARDANELLE DRIVE
SUITE C
ORLANDO FL 32808

Mailing Address

4455 DARDANELLE DRIVE
SUITE C
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOON, WALTER R
200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

Name

THOMAS J. KIMBLE

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

944 BRIGHT WATER CIRCLE

City

MAITLAND

FL

Zip Code

32751

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME KIMBLE, THOMAS J
STREET ADDRESS 4455 DARDANELLE DRIVE, SUITE C
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE VP ☒ Delete
NAME MARQUART, JOHN
STREET ADDRESS 4455 DARDANELLE DRIVE, SUITE C
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE VP ☐ Delete
NAME PIERCE, STANLEY
STREET ADDRESS 4455 DARDANELLE DRIVE, SUITE C
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE DIRECTOR ☐ Delete
NAME JAMET B. KIMBLE
STREET ADDRESS 4455 DARDANELLE DR. STE. C
CITY-ST-ZIP ORLANDO, FL. 32808

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

TITLE VICE PRESIDENT, SALES ☐ Delete
NAME PAUL LOBIANCO
STREET ADDRESS 4455 DARDANELLE DR., STE. C
CITY-ST-ZIP ORLANDO, FL. 32808

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for it indicated on this report or supplemental report is true and accurate and that my s 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.

I certify that the information I am an officer or director

SIGNATURE:

THOMAS J. KIMBLE

1/29/06

407-522-4772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #