

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081156

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: STAGING INCORPORATED

**Current Principal Place of Business:**

422 26TH STREET  
W PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

422 26TH STREET  
W PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 42-1545227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATTILIA, WAYNE  
422 26TH STREET  
W PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: GATTILIA, WAYNE  
Address: 422 26 ST  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: GATTILIA, WAYNE  
Address: 422 26TH STREET  
City-St-Zip: W PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE R GATTILIA

PRES

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date