


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 013 ***150.00

DOCUMENT # P02000083402

1. Entity Name
STATON MANAGEMENT GROUP, INC.



Principal Place of Business
**C/O BANGZ SALON & SPA
 4027 WEST KENNEDY BLVD.
 TAMPA, FL 33609**

Mailing Address
**C/O BANGZ SALON & SPA
 4027 WEST KENNEDY BLVD.
 TAMPA, FL 33609**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04122004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
55-0789382

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

**LOGAN, GINA STATON
 4027 WEST KENNEDY BLVD.
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | LOGAN, GINA STATON | |
| STREET ADDRESS | 4027 WEST KENNEDY BLVD. | |
| CITY-ST-ZIP | TAMPA, FL 33609 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | STATON, LEE | |
| STREET ADDRESS | 112 LOCKHAVEN LANE | |
| CITY-ST-ZIP | ALGONAC, MI 48001 | |
| TITLE | D/V | <input type="checkbox"/> Delete |
| NAME | Logan, Chris | |
| STREET ADDRESS | 4027 West Kennedy Blvd | |
| CITY-ST-ZIP | Tampa, FL 33609 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(i), 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: Gina Logan Date: 4/28/04 Daytime Phone #: 7276430033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR