

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083402

FILED  
Aug 29, 2008  
Secretary of State

Entity Name: STATON MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 55-0789382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD      ( ) Delete  
Name: LOGAN, GINA STATON  
Address: 4027 WEST KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609

Title: DV      ( ) Delete  
Name: LOGAN, CHRIS  
Address: 4027 WEST KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609

**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: GINA STATON LOGAN

PSTD

08/29/2008

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

\_\_\_\_\_ Date