


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # K67354	
1. Entity Name STAGE STOP CAMPGROUND, INC.	

Principal Place of Business 14400 W. COLONIAL DR. WINTER GARDEN FL 34787 US	Mailing Address 14400 W. COLONIAL DR. WINTER GARDEN FL 34787 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2933727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIGENER, GEORGE C., JR. 44 WEST CREST AVENUE WINTER GARDEN FL 34787	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 rechartering) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	NAME SPIGENER, GEORGE C., III	<input type="checkbox"/> Delete	
STREET ADDRESS P.O. BOX 784082	CITY- ST- ZIP WINTER GARDEN FL 34778		
TITLE ST	NAME TEEL, VIRGINIA S	<input type="checkbox"/> Delete	
STREET ADDRESS P.O. BOX 373 N /A	CITY- ST- ZIP FLAT ROCK NC		
TITLE P	NAME SPIGENER, GEORGE C JR.	<input type="checkbox"/> Delete	
STREET ADDRESS 44 W CREST AVE	CITY- ST- ZIP WINTER GDN FL		
TITLE D	NAME SPIGENER, ANNETTE R.	<input type="checkbox"/> Delete	
STREET ADDRESS 44 W CREST AVE	CITY- ST- ZIP WINTER GDN FL		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY- ST- ZIP		

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02/18/05-80010-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George Spigener **2-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**