2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # K67354

1. Entity Name

STAGE STOP CAMPGROUND, INC.

Principal Place of Business	Mailing Address
14400 W. COLONIAL DR. WINTER GARDEN FL 34787 US	14400 W. COLONIAL DR. WINTER GARDEN FL 34787 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2933727 ☐ Applied For ☐ Not Applicable

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
SPIGENER, GEORGE C., JR. 44 WEST CREST AVENUE WINTER GARDEN FL 34787	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 acc 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 Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE	U00000467772	☐ Change ☐ Add
NAME	SPIGENER, GEORGE C., III		NAME	03/24/06-80004-015 150.00	
STREET ADDRESS	P.O. BOX 784082		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34778		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	TEEL, VIRGINIA S		NAME		
STREET ADDRESS	P.O. BOX 373 N /A		STREET ADDRESS		
CITY-ST-ZIP	FLAT ROCK NC		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	SPIGENER, GEORGE C JR.		NAME		
STREET ADDRESS	44 W CREST AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GDN FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	SPIGENER, ANNETTE R.		NAME		
STREET ADDRESS	44 W CREST AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GDN FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dire 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By George Spigener, P.A. George Spigener 3-11-06 (407) 656-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #