

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N03070	
1. Entity Name STAGE WORKS, INC.	

Principal Place of Business 120 ADRIATIC AVENUE TAMPA FL 33606-3308	Mailing Address 120 ADRIATIC AVENUE TAMPA FL 33606-3308
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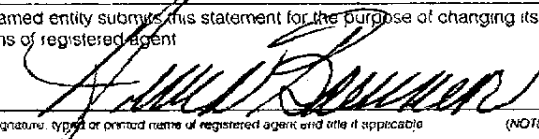
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2465234	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRENNEN, ANNA 120 ADRIATIC AVENUE TAMPA FL 33606
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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 **1/26/06**

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

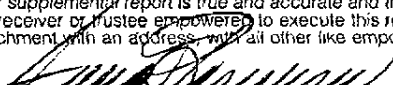
FILE NOW: FEE IS \$ Due By May 1, 2006	Please make sure "Not for profit" is on the certificate. Thank you.	gn Financing tribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNEN, ANNA 120 ADRIATIC AVE TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALTAGIRONE, NORMA 9459 FOREST HILLS PLACE TAMPA FL 33612 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANNA, KIM 3925 WEST BAY VIEW AVE. TAMPA FL 33611 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

U000000410024
02/09/06-80019-019 70.00

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 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 617, 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  DATE **1/26/06** (813) 751-8994