

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 044 ****61.25

DOCUMENT # N98000005305 1. Entity Name STAGE PAYMASTERS II, INC.					
Principal Place of Business 7663 15TH STREET, NORTH PALM BEACH GARDENS, FL 33418			Mailing Address 7663 15TH STREET, NORTH PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4520 NE 18th Avenue Suite, Apt. #, etc. 3rd Floor			
City & State		City & State Ft. Lauderdale, FL		4. FEI Number 65-0865657	
Zip 33334		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEBLANC, JOHN 7663 15TH STREET, NORTH PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Thomas Coll Street Address (P.O. Box Number is Not Acceptable) 1710 NE 64th Street City Ft. Lauderdale FL Zip Code 33334		
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 <u><i>Thomas E. Coll</i></u> 4/25/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HOWARTH, RICHARD 7663 15TH STREET, NORTH PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lowe Jr, Ben 2015 Lake Point Drive Weston, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LEBLANC, JOHN 7663 15TH STREET, NORTH PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Oates, Kevin 4124 Ardisia Path Boynton Beach, FL 33436		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FORD, STEPHEN 7663 15TH STREET, NORTH PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marshall, Elaine 4821 SW 44th Avenue Ft. Lauderdale, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Coll, Thomas 1710 NE 64th Street Ft. Lauderdale, FL 33334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.					
SIGNATURE: <u><i>Thomas E. Coll</i></u> 4/25/2005 954-202-2624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					