## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0000005104

FILED Mar 25, 2004 Secretary of State

Entity Name: STAGE GEAR INC. **Current Principal Place of Business: New Principal Place of Business:** 3225 ELKRIDGE DRIVE 4131 LOUIS AVE. #5 HOLIDAY, FL 34691 HOLIDAY, FL 34691 **Current Mailing Address: New Mailing Address:** 3225 ELKRIDGE DRIVE HOLIDAY, FL 34691 FEI Number: 59-3620304 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAWSKI, STEPHEN J 3225 ELKRIDGE DRIVE HOLIDAY, FL 34691 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change ( ) Addition STAWSKI, STEPHEN STAWSKI, SHERYL Name: 3225 ELKRIDGE DR 3225 ELKRIDGE DR Address: HOLIDAY, FL 34691 City-St-Zip: HOLIDAY, FL 34691

Title: Name: Address: City-St-Zip:

Title: () Delete Title: VΡ ( ) Change (X) Addition

Name: Name: STAWSKI, STEPHEN Address: Address: 3225 ELKRIDGE DR HOLIDAY, FL 34691 City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

VΡ SIGNATURE: STEPHEN STAWSKI 03/25/2004