2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 Al Secretary of State

DOCUMENT # P02000019846 1. Entity Name STAGE RIGHT PRODUCTIONS, INC. Mailing Address Mailing Address Mill Ton, FL 32583 Mill Ton, FL 32583		ANNUAL		Apr 21, 2000 00.0				
Principial Place of Business 7135 BAYSHORE DR MILTON, FL 32583 **MILTON, FL 32583 **DO NOT WRITE IN THIS SPACE** 1. Fill Number Principial Place of Business Principial Place of Status District Vision Principial Place of Status District V	DOCU	MENT # P020000198				Secret	ary of Sta	
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MILTON, FL 32583 MILTON, FL 32583 MILTON, FL 32583 DO NOT WRITE IN THIS SPACE 4. FEI Number O1-0604457 Applied For O1-0604457 Not Applicable St. 75 Additional Feed on Control Registered Agent NARD, TIMOTHY O 7135 BAYSHORE DRIVE MILTON, FL 32583 MILTON, FL 32583 DO NOT WRITE IN THIS SPACE 8. The above named only submits this sistement 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, rector promot same of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, rector promot same of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, rector promot same of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, rector promot same of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SCNATURE SCNATURE SCNATURE PLE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00 PRESCRIPTION OF TRANSPORTED TO THE Promote Agent separate required agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. PLE NOW IN THIS SPACE PLE NOW IN THIS SPACE 1. The State of State of This S	Principal Plac	ce of Business	Mailing Address		1			
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10. OFFICERS AND DIRECTORS TILE P NAME WARD, TIMOTHY D STREET ADDRESS 7135 BAYSHORE DR. CITY-ST-2P MILTON, FL 32583 TILL S NAME WARD, THERESA T STREET ADDRESS 7135 BAYSHORE DR. CITY-ST-2P MILTON, FL 32583 TILLE NAME STREET ADDRESS CITY-ST-2P TILLE NAME STREET ADDRESS CITY-ST-2P TILLE NAME STREET ADDRESS CITY-ST-2P TILLE NAME STREET ADDRESS STR	OIGINATOTIE,	Signature, typed or printed name of registered agent and t	tile if applicable (NOTE: Registers	ed Agent signature required	when reinstating)		DATE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

TITLE
NAME
STREET AODRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08

850-494-1331

Daytime Phone #