


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 002 ***150.00

DOCUMENT # P02000096132					
1. Entity Name CENTER STAGE GREETINGS, INC.					
Principal Place of Business 1054 ST BELLEAIR BCH, FL 33786			Mailing Address 1054 ST BELLEAIR BCH, FL 33786		
2. Principal Place of Business 724 RUSTIC OAKS DR. Suite, Apt. #, etc.			3. Mailing Address 724 RUSTIC OAKS DR. Suite, Apt. #, etc.		
City & State PALM HARBOR, FL Zip: 34684 Country: USA		City & State PALM HARBOR, FL Zip: 34684 Country: USA		4. FEI Number 47-0886839	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DWYER, LAWRENCE A SR. 1054 ST 724 RUSTIC OAKS DR. BELLEAIR BCH, FL 33786 PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: _____ <u>LAWRENCE A. DWYER, SR</u> <u>1/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	D DWYER, LAWRENCE A SR. 1054 ST BELLEAIR BCH, FL 33786	<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			
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 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 lines empowered.					
SIGNATURE: _____ <u>LAWRENCE A. DWYER, SR.</u> <u>1/12/04</u> <u>727-410-4355</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					