


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000083295 1. Entity Name SETTING THE STAGE, INC.	
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Principal Place of Business 2901 QUAIL RISE CT TALLAHASSEE, FL 32309	Mailing Address 2901 QUAIL RISE CT TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1178044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SANDRA S
 2901 QUAIL RISE CT
 TALLAHASSEE, FL 32309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS JOHNSON, SANDRA S 2901 QUAIL RISE CT TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JOHNSON, TOM L 2901 QUAIL RISE CT TALLAHASSEE, FL 32309
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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 like empowered.

SIGNATURE: Sandra S. Johnson 4/18/05 850-681-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #