

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 A
Secretary of State

DOCUMENT # P04000055582

1. Entity Name
CENTER STAGE MUSIC & EVENTS, INC.



Principal Place of Business
11101-1 ST AUGUSTINE RD #43
JACKSONVILLE, FL 32257

Mailing Address
11101-1 ST AUGUSTINE RD #43
JACKSONVILLE, FL 32257



06222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1087211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEIDE, MOSES JR
817 N MAIN ST
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Fee \$5:00 May Be
Trust Fund Contribution ☒ Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS MCBRIDE, ANNE
CITY-ST-ZIP 10717 HAYDEN AVE
NEW PORT RICHEY, FL 34655

TITLE
NAME VSTD
STREET ADDRESS MCBRIDE, JAMES T
CITY-ST-ZIP 11319 RUSTIC PINES CIRCLE
JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000567633
06/26/06-80004-018 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/06
Date

904-880-1205
Daytime Phone #