


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90032 040 ***150.00

DOCUMENT # P04000084035	
1. Entity Name STONEGATE MANAGEMENT SERVICES, INC.	

Principal Place of Business 215 CELEBRATION PLACE CELEBRATION, FL 34747 US	Mailing Address 215 CELEBRATION PLACE CELEBRATION, FL 34747 US
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2. Principal Place of Business	3. Mailing Address 4400 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. #210
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431	Country USA



01152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PINCUS, MONA 215 CELEBRATION PLACE CELEBRATION, FL 34747	
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4. FEI Number 20.1190417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Angela Di Crescenzo 3176 N. Federal Hwy #103C Lighthouse Pt FL 33064	
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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: Angela Di Crescenzo 1/20/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINCUS, MONA 215 CELEBRATION PLACE CELEBRATION, FL 34747 <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
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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.	
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SIGNATURE: 	1-17-05 854 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	