2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115561

1. Entity Name
STAGE LEFT INC.

Principal Place of Business	Mailing Address
6152 15TH ST. E. BRADENTON, FL 34203 US	3012 RIDGE AVE SARASOTA, FL 34235 US

DO NOT WRITE IN THIS SPACE

03052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0523160	Not Applicable

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

6. Name and Address of Current Registered Agent

SJOLUND, FABIAN K
3012 RIDGE AVE
SARASOTA, FL 34235

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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 _____

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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U000000879750 04/15/08-80033-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SJOLUND, FABIAN K
STREET ADDRESS	3012 RIDGE AVE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	TREA
NAME	SJOLUND, FABIAN K
STREET ADDRESS	3012 RIDGE AVE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Fabian K Sjolund_ FABIAN K SJOLUND 31 Mar 08 941-400-5266

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