

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

04-19-2007 90198 031 ***150.00

DOCUMENT # P06000013130

1. Entity Name

STAGEFORCE, INC.



Principal Place of Business
6238 RYDAL CT
WINDERMERE FL 34781

Mailing Address
6238 RYDAL CT
WINDERMERE FL 34781



2. Principal Place of Business - No P.O. Box #

6238 Rydal Ct.

3. Mailing Address

Suite, Apt., etc.
CARE THOMPSON
1744 DERBY GLEN DRIVE
ORLANDO, FL 32837

1st MOORE

CR2E034 (10/06)

City & State

Windermere FL

City & State

ORLANDO, FL 32837

4. FEI Number

51-0566092

Applied For

Not Applicable

Zip

34786-5416

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRITZ, JONATHAN
6238 RYDAL CT
WINDERMERE FL 34781

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PRITZ, JONATHAN
STREET ADDRESS 6238 RYDAL CT
CITY- ST- ZIP WINDERMERE FL 34781

TITLE ☐ Delete
NAME U. Pres. Priscila Pritz
STREET ADDRESS 6238 Rydal Ct
CITY- ST- ZIP Windermere, FL 34781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

407-909-996