

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90029 036 ***150.00

DOCUMENT # P06000013130

1. Entity Name

STAGEFORCE, INC.



Principal Place of Business

6238 RYDAL CT
WINDERMERE FL 34781

Mailing Address

1744 DERBY GLEN DRIVE
ATTN: CARL THOMPSON
ORLANDO FL 32837



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 51-0566092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRITZ, JONATHAN
6238 RYDAL CT
WINDERMERE FL 34781

Name

Street Address (P.O. Box number is not acceptable)

CARL THOMPSON
1744 DERBY GLEN DRIVE
ORLANDO, FL 32837

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 agent, if not identical to the above.

(NOTE: Registered agent signature required when changing)

DATE

1/24/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	V	☐ Delete
NAME	PRITZ, PRISCILA	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Jonathan Pritz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. president

Typed

Signature Printed

1/24/08