

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055080

Entity Name: STAGER CONSULTING, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

5489 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

New Principal Place of Business:

5489 COLONIAL OAKS BLVD.
SARASOTA, FL 342326833 US

Current Mailing Address:

5489 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

New Mailing Address:

5489 COLONIAL OAKS BLVD.
SARASOTA, FL 342326833 US

FEI Number: 20-4733991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGER, WILLIAM J
5489 COLONIAL OAKS BLVD.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

STAGER, WILLIAM J PRESIDE
5489 COLONIAL OAKS BLVD.
SARASOTA, FL 342326833 US

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.

SIGNATURE: WILLIAM J. STAGER

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAGER, WILLIAM J
Address: 5489 COLONIAL OAKS BLVD.
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STAGER, WILLIAM J PRESIDE
Address: 5489 COLONIAL OAKS BLVD.
City-St-Zip: SARASOTA, FL 342326833 US

Title: PRES () Change (X) Addition
Name: STAGER, WILLIAM J PRESIDE
Address: 5489 COLONIAL OAKS BLVD
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Address: 5489 COLONIAL OAKS BLVD
City-St-Zip: SARASOTA, FL 342326833 US

Title: PRES () Change (X) Addition
Name: STAGER, WILLIAM J PRESIDE
Address: 5489 COLONIAL OAKS BLVD
City-St-Zip: SARASOTA, FL 342326833 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. STAGER

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date