

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055080

FILED  
Sep 16, 2011  
Secretary of State

**Entity Name:** STAGER CONSULTING, INC.

**Current Principal Place of Business:**

5489 COLONIAL OAKS BLVD.  
SARASOTA, FL 342326833 US

**New Principal Place of Business:**

**Current Mailing Address:**

5489 COLONIAL OAKS BLVD.  
SARASOTA, FL 342326833 US

**New Mailing Address:**

**FEI Number:** 20-4733991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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Name: STAGER, WILLIAM J PRESIDE  
Address: 5489 COLONIAL OAKS BLVD  
City-St-Zip: SARASOTA, FL 342326833 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM J. STAGER

PRES

09/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date