

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90051 003 ***150.00

DOCUMENT # P06000140891



1. Entity Name
SPORTS EAST FLORIDA INC.

Principal Place of Business
 439 REGENCY DR
 MARSTONS MILLS, MA 02648

Mailing Address
 439 REGENCY DR
 MARSTONS MILLS, MA 02648

40036042



2. Principal Place of Business - No P.O. Box #
5785 CAPE HARBOUR DRIVE

3. Mailing Address

Suite, Apt. #, etc.
UNIT 103

Suite, Apt. #, etc.

City & State
CAPE COTAL FLORIDA

City & State

03122007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5860707

Applied For
 Not Applicable

Zip
33914

Country
U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
 8875 HIDDEN RIVER PARKWAY SUITE 300
 TAMPA, FL 33637-2087

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **D** Delete
 NAME: **STAGMAN, DAVID W**
 STREET ADDRESS: **439 REGENCY DR**
 CITY-ST-ZIP: **MARSTONS MILLS, MA 02648**

TITLE: **D** Delete
 NAME: **STAGMAN, SHEILA**
 STREET ADDRESS: **439 REGENCY DR**
 CITY-ST-ZIP: **MARSTONS MILLS, MA 02648**

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
 NAME: _____
 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. STAGMAN / 11/10/07 239-542-6226
 Date Daytime Phone #