

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140891

Entity Name: SPORTS EAST FLORIDA INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

5785 CAPE HARBOUR DRIVE
UNIT 103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

439 REGENCY DR
MARSTONS MILLS, MA 02648

New Mailing Address:

FEI Number: 20-5860707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY SUITE 300
TAMPA, FL 336372087 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAGMAN, DAVID W
Address: 439 REGENCY DR
City-St-Zip: MARSTONS MILLS, MA 02648

Title: D () Delete
Name: STAGMAN, SHEILA
Address: 439 REGENCY DR
City-St-Zip: MARSTONS MILLS, MA 02648

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID STAGMAN

PRES

02/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date