

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-07-2008 90114 048 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000104046 1. Entity Name STAYTUNED CORPORATION																													
Principal Place of Business 19185 PINE RUN LANE FT. MYERS FL 33967			Mailing Address P.O. BOX 6071 FT. MYERS BEACH FL 33932																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip County Zip Country		City & State Zip Country		4. FEI Number 80-0159814																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent GAMBINO, LAWRENCE 19185 PINE RUN LANE FT. MYERS FL 33967			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 _____ DATE _____																													
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 <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAMBINO, LAWRENCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19185 PINE RUN LANE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>FT. MYERS FL 33967</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	GAMBINO, LAWRENCE		STREET ADDRESS	19185 PINE RUN LANE		CITY- ST- ZIP	FT. MYERS FL 33967		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 another like empowered.																													
SIGNATURE: <i>Lawrence Gambino</i> Date: 4-21-08 Daytime Phone: 239 645-1950																													