


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # P93000037298					
1. Entity Name ALL STAGING UNLIMITED, INC.					
Principal Place of Business 10101 GENERAL DR ORLANDO FL 32824 US			Mailing Address 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  A.G.C. CO. 200 S. ORANGE AVE. SUITE 2300 ORLANDO FL 32801-3432				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS					
TITLE	D	Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	SMITH, JANET C			U000000135070 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2458 SHERBROOKE RD			04/28/04-80044-016 150.00	
CITY-ST-ZIP	WINTER PARK FL				
TITLE	D	Delete			
NAME	SMITH, DENNIS				
STREET ADDRESS	2458 SHERBROOKE RD				
CITY-ST-ZIP	WINTER PARK FL				
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					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Janet C. Smith 4/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #