## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106115

Entity Name: CENTERSTAGE PRO, INC.

**Current Principal Place of Business:** 

505 TUPELO TRACE SAINT JOHNS. FL 32259

**Current Mailing Address:** 

**505 TUPELO TRACE** SAINT JOHNS. FL 32259

FEI Number: 20-0279456 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHENSON, DALE 505 TUPELO TRACE SAINT JOHNS, FL 32259 US

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

**FILED** Apr 15, 2014

**Secretary of State** 

CC9241447422

Officer/Director Detail:

Title Title

Name STEPHENSON, DALE Name STEPHENSON, KAREN Address **505 TUPELO TRACE** Address **505 TUPELO TRACE** City-State-Zip: ST. JOHNS FL 32259 City-State-Zip: ST. JOHNS FL 32259

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: DALE STEPHENSON

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/15/2014

Date