

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128551

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: ROBINSON, STAFFORD & RUDE, INC.

**Current Principal Place of Business:**

6860 GULFPORT BLVD.  
#860  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

6860 GULFPORT BLVD.  
#860  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 91-1809438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAFFORD, DON H  
6860 GULFPORT BLVD.  
#860  
ST. PETERSBURG, FL 33707 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: PCHR ( ) Delete  
Name: STAFFORD, DON H  
Address: P.O. BOX 531273  
City-St-Zip: ST. PETERSBURG, FL 33747

Title: VD ( ) Delete  
Name: RUDE, BOB  
Address: 4503 BLACK LAKE BELMORE RD  
City-St-Zip: OLYMPIA, WA 98512

Title: VD (X) Delete  
Name: MOHART, JAMES  
Address: 9206 W. 90TH ST.  
City-St-Zip: OVERLAND PARK, KS 66212

Title: SV (X) Delete  
Name: STAFFORD, ESTHER M  
Address: P.O. BOX 531273  
City-St-Zip: ST. PETERSBURG, FL 33747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SVD (X) Change ( ) Addition  
Name: STAFFORD, ESTHER M  
Address: P.O. BOX 531273  
City-St-Zip: ST PETERSBURG, FL 33747

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: DON H STAFFORD

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date