

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000128551

**Entity Name:** ROBINSON, STAFFORD & RUDE, INC.

**Current Principal Place of Business:**

5021 TANGERINE AVENUE SOUTH  
GULFPORT, FL 33707-4364

**Current Mailing Address:**

5021 TANGERINE AVENUE SOUTH  
GULFPORT, FL 33707-4364

**FEI Number: 91-1809438**

**Certificate of Status Desired: No**

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

STAFFORD, DON H  
5021 TANGERINE AVENUE SOUTH  
GULFPORT, FL 33707-4364 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

**Officer/Director Detail :**

Title PCHR  
Name STAFFORD, DON H  
Address P.O. BOX 531273  
City-State-Zip: ST. PETERSBURG FL 33747

Title S  
Name DEAS, TABITHA L  
Address PO BOX 5481  
City-State-Zip: TAMPA FL 33675

Title V  
Name THOMAS, LESLIE M  
Address 3460 POINT VIEW CIR  
City-State-Zip: GAINESVILLE GA 30506

Title VP  
Name HAMILTON, DAVID A  
Address 558 SW 333RD COURT  
City-State-Zip: FEDERAL WAY WA 98023

*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: DON STAFFORD**

**PRESIDENT**

**01/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date