2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 205565

City-St-Zip: COCOA, FL 32922

FILED Apr 03, 2009 Secretary of State

Entity Name: TRAFFORD REALTY CO					
Current Principal Place of Business:			New Principal Place of Business:		
305 BREV. COCOA, F	ARD AVENUE L 32922 U				
Current Mailing Address:			New Mailing Address:		
305 BREV. COCOA, F	ARD AVENUE L 32922 U	_			
FEI Number: 59-0812210 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Re	gistered Agent:
A. H. TRAI 305 BREV. COCOA, F	ARD AVE	S			
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or	registered agent, or both,
SIGNATUR	RE:				
	Electror	iic Signature of Registered Age	ent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ASVD () BERRY, E ROY 305 BREVARD COCOA, FL 32	AVE	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	VMD () LOLMAUGH, TE 305 BREVARD COCOA, FL 32	AVENUE	Title: Name: Address: City-St-Zip:	PTMD (X) Change LOLMAUGH, TERRY D 305 BREVARD AVENUE COCOA, FL 32922	() Addition
Title: Name: Address: City-St-Zip:	PCTD () TRAFFORD, A 305 BREVARD COCOA, FL		Title: Name: Address: City-St-Zip:	VSCD (X) Change TRAFFORD, A H, 305 BREVARD AVE COCOA, FL	() Addition
Title: Name: Address: City-St-Zip:	VD () KESSINGER, H 305 BREVARD COCOA, FL 32	AVENUE	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address:	VD () JOHNSTON, JA 305 BREVARD		Title: Name: Address:	VASD (X) Change JOHNSTON, JAMES H 305 BREVARD AVENUE	() Addition

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.

City-St-Zip: COCOA, FL 32922

SIGNATURE: TERRY D. LOLMAUGH **PRES** 04/03/2009