


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90039 009 ***150.00

DOCUMENT # 626339	
1. Entity Name TELFORD AND ASSOCIATES, INC.	

Principal Place of Business 3630 VERNA RD MYAKKA CITY FL 34251 US	Mailing Address 3630 VERNA RD. MYAKKA CITY FL 34251 US
---	--

2. Principal Place of Business <i>4071 Giannini Lane</i>	3. Mailing Address <i>4071 GIANNINI LANE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL.	City & State SARASOTA, FL.
Zip 34233	Country USA
Zip 34233	Country U.S.A.

4. FEI Number 59-1963591	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent RUDDLE, VON T. 3630 VERNA RD. MYAKKA CITY FL 34251	
--	--

7. Name and Address of New Registered Agent	
Name VON T. RUDDLE	
Street Address (P.O. Box Number is Not Acceptable) 4071 GIANNINI LANE	
City SARASOTA	FL Zip Code 34233

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 VON T. RUDDLE, PRES. <i>Von Ruddle</i>	DATE 1-31-05
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDDLE, VON T 3630 VERNA RD. MYAKKA CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP RUDDLE, VON T. 3630 VERNA RD. MYAKKA CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4071 GIANNINI LANE SARASOTA, FL. 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4071 GIANNINI LANE SARASOTA, FL. 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Von Ruddle</i>	Date 1-31-05	Daytime Phone # 941-926-7472
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		