


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90014 004 \*\*\*150.00

<b>DOCUMENT #626339</b> 1. Entity Name TELFORD AND ASSOCIATES, INC.	
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Principal Place of Business 4071 GIANNINI LANE SARASOTA, FL 34233 US	Mailing Address 4071 GIANNINI LANE SARASOTA, FL 34233 US
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2. Principal Place of Business - No P.O. Box # 6236 COVERTY PL. Suite, Apt. #, etc.	3. Mailing Address 6236 COVERTY PL. Suite, Apt. #, etc.
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City & State VERO BEACH, FL.	City & State VERO BEACH
Zip 32966	Country USA

01182008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1963591	Applied For 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. 4071 GIANNINI LANE SARASOTA, FL 34233	7. Name and Address of New Registered Agent Name VON T. RUDDLE Street Address (P.O. Box Number is Not Acceptable) 6236 COVERTY PL. City VERO BEACH FL Zip Code 32966
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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 Signature, typed or printed name of registered agent and title if applicable.	 (NOTE: Registered Agent Signature required when reinstating) 1-26-08 DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDDLE, VON T 4071 GIANNINI LANE SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP RUDDLE, VON T. 4071 GIANNINI LANE SARASOTA, FL 34233 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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: VON T. RUDDLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-26-08 (722)564-2735 Date Daytime Phone #