

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90016 039 ***150.00

DOCUMENT # 634269

1. Entity Name

STRATFORD ENTERPRISES, INC.



Principal Place of Business

**1230 N HWY A1A
SATELLITE BCH FL 32937
US**

Mailing Address

**277 SQUIRE DRIVE
WEST PALM BEACH FL 33414**

50012012



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

8130 Nevis Place

Suite, Apt. #, etc.

3. Mailing Address

8130 Nevis Place

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm Beach

4. FEI Number

59-1980749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, WILLIAM T.
277 SQUIRE DRIVE
WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name **Williams, William, Jr**

Street Address (P.O. Box Number is Not Acceptable)

8130 Nevis Place

City

Wellington

FL

Zip Code

33414

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/05

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

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLIAMS, ALISON**
STREET ADDRESS **277 SQUIRE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **VP** ☐ Delete
NAME **WILLIAMS, VIRGINIA**
STREET ADDRESS **2800 S. OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ Delete
NAME **WILLIAMS, WILLIAM, JR.**
STREET ADDRESS **277 SQUIRE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8130 Nevis Place**
CITY-ST-ZIP **Wellington FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **8130 Nevis Place**
CITY-ST-ZIP **Wellington FL 33414**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/05