



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 850731</b> 1. Entity Name <b>ROBERT M. STAFFORD, INC.</b>					
Principal Place of Business <b>9115 HARRIS CORNERS PARKWAY STE 230 CHARLOTTE, NC 28269</b>		Mailing Address <b>9115 HARRIS CORNERS PARKWAY STE 230 CHARLOTTE, NC 28269</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 04152004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>56-0934458</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
<b>CONRAD, J MARSHALL 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32302</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		1000000140718 04/29/04-80173-017 158.75	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE	CEOP				
NAME	SUTTON, STUART				
STREET ADDRESS	9115 HARRIS CORNERS PARKWAY STE 230				
CITY- ST- ZIP	CHARLOTTE, NC 28269				
TITLE	S				
NAME	O'CONNELL, JENNIFER				
STREET ADDRESS	9115 HARRIS CORNERS PARKWAY STE 230				
CITY- ST- ZIP	CHARLOTTE, NC 28269				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
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.					
<b>SIGNATURE:</b> <u>JENNIFER G. O'CONNELL</u> JENNIFER G. O'CONNELL Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/04 Date		704-597-9000 Daytime Phone #	