

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 850731

1. Entity Name
ROBERT M. STAFFORD, INC.



Principal Place of Business

**9115 HARRIS CORNERS PARKWAY
STE 230
CHARLOTTE, NC 28269**

Mailing Address

**9115 HARRIS CORNERS PARKWAY
STE 230
CHARLOTTE, NC 28269**

DO NOT WRITE IN THIS SPACE



05252005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-0934458

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONRAD, J MARSHALL
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32302**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
SUTTON, STUART
9115 HARRIS CORNERS PARKWAY STE 230
CHARLOTTE, NC 28269**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
OCONNELL, JENNIFER
9115 HARRIS CORNERS PARKWAY STE 230
CHARLOTTE, NC 28269**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
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CITY-ST-ZIP

U00000369391
06/10/05-80007-001 558.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

06/06/05

Date

(704)-597-9000

Daytime Phone #