

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
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



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0934458	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jennifer E. O'Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JENNIFER E. O'CONNELL

3/14/07
Date

704-597-9000
Daytime Phone #