

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000189

FILED
Oct 06, 2005
Secretary of State

Entity Name: DON H. STAFFORD & ASSOCIATES, INC.

Current Principal Place of Business:

5055 BARROWE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

2801 MIRIAM ST. S
GULFPORT, FL 33711 US

Current Mailing Address:

5364 EHRLICH RD #407
TAMPA, FL 33624

New Mailing Address:

6860 GULFPORT BLVD S
#860
ST PETERSBURG, FL 33707

FEI Number: 91-2060754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, DON H
5055 BARROWE DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

STAFFORD, DON H
2801 MIRIAM ST. S
GULFPORT, FL 33711 US

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.

SIGNATURE: DON H. STAFFORD

10/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: STAFFORD, DON H
Address: 5055 BARROWE DRIVE
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: DEAS, ESTHER
Address: 5364 EHRLICH RD, #407
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STAFFORD, DON H
Address: 2801 MIRIAM ST S.
City-St-Zip: GULFPORT, FL 33711 US

Title: S (X) Change () Addition
Name: STAFFORD, ESTHER M
Address: 2801 MIRIAM ST S
City-St-Zip: GULFPORT, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON H. STAFFORD

PRES

10/06/2005

Electronic Signature of Signing Officer or Director

Date