


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90042 009 ***150.00

DOCUMENT # F05000005217 1. Entity Name STRATFORD FUNDING, INCORPORATED	
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Principal Place of Business 28588 NORTHWESTERN HWY. SUITE 290 SOUTHFIELD, MI 48034	Mailing Address 28588 NORTHWESTERN HWY. SUITE 290 SOUTHFIELD, MI 48034
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2815051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

G.R. ROBBINS & ASSOCIATES, P.A.
 3375 CAPITAL CIRCLE N.E. BLDG. C
 TALLAHASSE, FL 32308

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TENNER, BRUCE A 28588 NORTHWESTERN HWY. SUITE 290 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLOHAN, PATRICK B 28588 NORTHWESTERN HWY. SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNELLY, BRAD R 28588 NORTHWESTERN HWY. SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  7/31/07 248 355-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #