

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004357

FILED
Jun 23, 2009
Secretary of State

Entity Name: THEDFORD & ASSOCIATES, INC.

Current Principal Place of Business:

14 EDWARD CDS
PROSPECT HEIGHTS, IL 60070

New Principal Place of Business:

14585 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

Current Mailing Address:

15589 95TH LN N
WEST PLAM BEACH, FL 33412

New Mailing Address:

FEI Number: 36-4255989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEDFORD, STEVE
15589 95TH LN N
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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: _____

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: CPT () Delete
Name: THEDFORD, STEVEN
Address: 15589 95TH LN N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VCVP () Delete
Name: THEDFORD, GEMMA
Address: 15589 95TH LN N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S () Delete
Name: THEDFORD, GEMMA
Address: 15589 95TH LN N
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN THEDFORD

CPT

06/23/2009

Electronic Signature of Signing Officer or Director

Date