2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secrétary of State DOCUMENT # P01000048923 07-08-2004 90189 036 ***150 00 1. Entity Name STAFFORD & COMPANY INC. Principal Place of Business Mailing Address 44047555 6650 JOG PALM DR. P.O. BODX 741543 **BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33474-1543 2. Principal Place of Business 304 N. Country Club 0 3. Mailing Address PO BOX 5809 Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number FL Allanti ke Worth 65-1141986 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired PR 3466 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STAFFORD, GARY 5055 NW 96TH DR. CORAL SPRINGS, FL 33076 Country Club 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) FILE NOW!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition STAFFORD, GARY NAME NAME 304 N. Country Club Dr. STREET ADDRESS 6650 JOY PALM DR STREET ADDRESS BOYTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP Atlantis FL 33462 Change TITLE ☐ Delete TITLE ☐ Addition STAFFORD, DELIA M NAME NAME 304 N. Country Club D. 6650 JOY PALM DR STREET ADDRESS STREET ADDRESS Atlantis FL 33462 BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 08, 2004 8:00 am

Affachment

#P01000048923

STAFFORD & COMPANY INC.

July 6, 2004

Please find attached the 2004 Annual Report for Stafford & Company Inc and a check for \$150.00. My address changed in the fall of 2003 and is reflected in this attached report.

I received today a notice of Intent to Dissolve. This noticed was forward to my new address by the Post Office. This is the first notice that I have received this year. All other tax notices have been sent correctly to the new address.

I would like to request a waiver of the added fees for this late filing.

Thank you for this consideration,

Gary Stafford President

Stafford & Company Inc