2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State

	ANNOAL	REPURI	2	_	1-P	~, -	
DOCUMENT # P03000017392 1. Entity Name ALEX STAFFORD PHOTOGRAPHY, INC.						Secret	ary of S
Principal Place 7461 FEATH SARASOTA, F	ERSTONE BLVD	Mailing Address 3905 S SHADE AVE SARASOTA, FL 34231 US			16:11 (11 10 1	 	KA NOKIO KIDIDAN IK KONK
4							
Г	O NOT WRITE	^E	01072008 No Chg-P CR2E034 (11/05)				
	O NOT WRITE	IN THIS SPA	ÇE.	4. FEt Number 14-187			Applied For Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current F	Registered Agent				tre to provide	
7461 FEAT	D, ALEXANDER H THERSTONE BLVD		DO	NOT W	RITE		
SARASOT	A, FL 34238			IN 7	THIS SF	PACE	1 4
8. The above	named entity submits this statement for	the ourcose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. Lam famil	iar with, and accept
	ions of registered agent. A 1 ex Signature, typed or printed name of registered agent en	- Stofford PC	E6		4/8	08 DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	U0000 04/23/08	10892606 1-80058-0	11 150.00
10.	OFFICERS AND D	DIRECTORS					,
NAME STREET ADDRESS CITY-ST-ZIP	STAFFORD, ALEXANDER 7461 FEATHERSTONE BLVD SARASOTA, FL 34238						
TITLE	0.44.607.412.6126					,	,
NAME STREET ADDRESS CITY-ST-ZIP						•	
TITLE NAME			1		r ,		
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS					THIS SF		\$
CITY-ST-ZIP TITLE							•
NAME STREET ADDRESS CITY-ST-ZIP					, 4	r	
TITLE		·	1	5			

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:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

941-804-7221