

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000127039

1. Entity Name
GIFFORD AND ASSOCIATES, INC.



Principal Place of Business
2136 GULF GATE DRIVE, SUITE ONE
SARASOTA, FL 34231-4807

Mailing Address
2136 GULF GATE DRIVE, SUITE ONE
SARASOTA, FL 34231-4807

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1192894	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIFFORD, BARTON P SR. 2136 GULF GATE DRIVE, SUITE ONE SARASOTA, FL 34231-4807		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D GIFFORD, BARTON SR. 2136 GULF GATE DRIVE, SUITE ONE SARASOTA, FL 342314807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D GIFFORD, ANNA L 2136 GULF GATE DRIVE, SUITE ONE SARASOTA, FL 342314807		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete		Delete	

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.

SIGNATURE: *Barton P. Gifford, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128104

Date

941-923-3323

Daytime Phone #

05-05-2004 90203 030 ***150.00

**FILED
May 05, 2004 8:00 am
Secretary of State**