


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

|  |  |  |
|--|--|--|
| <h1 style="margin: 0;">DOCUMENT # P03000146574</h1>  |  |                                       |
| <b>1. Entity Name</b><br>DAVID STANCHFIELD & CO., INC.   |  |  |
| <b>Principal Place of Business</b><br>3753 KARISSA ANN PL. W.<br>JACKSONVILLE, FL 32223  |  | <b>Mailing Address</b><br>3753 KARISSA ANN PL. W.<br>JACKSONVILLE, FL 32223  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |
| City & State   |  | City & State   |
| Zip  | Country  | Zip      Country   |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  |
| STANCHFIELD, DAVID L<br>3753 KARISSA ANN PL. W.<br>JACKSONVILLE, FL 32223  |  | Name   |
|  |  | Street Address   |
|  |  | City   |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>   |  |  |
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b><br>Ad <b>\$5</b> |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D - PRES</b><br>STANCHFIELD, DAVID L<br>3753 KARISSA ANN PL. W.<br>JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete | <b>11.</b>   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D - V.P.</b><br>EDWARDS, JEFFREY V<br>2874 BLACKBERRY AVE.<br>MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.</b> |  |  |
| <b>SIGNATURE:</b> <i>David Stanchfield</i> <b>DAVID STA</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |