

changed, or on an attachme

SIGNATURE:

2006 FOR PROFIT CORPORATION

Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000000478** 04-05-2006 90130 032 ***150.00 1. Entity Name STAFFORD ENTERPRISES, INC. Mailing Address Principal Place of Business 5321 43RD STREET, NORTH 5321 43RD STREET, NORTH ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL. 33709 3. Mailing Address 2. Principal Place of Business 7094 64 +n St Suite, Apt. #, etc. Sulte. Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State City_& State 4. FEI Number Applied For PINEL inelks 20-2093644 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 73578 33781 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAFFORD, PHILLIP STAFFORD, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 5321 43RD STREET, NORTH ST. PETERSBURG, FL 33709 CouthSt. 7094 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change DPST TITLE ☐ Delete TITLE ☐ Addition PHILLIPSTAFFORD STAFFORD, PHILLIP NAME NAME 7094 64th St 5321 43RD STREET, NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP <u>Pinellas Park</u> ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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 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

ith all other like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

127-460-0005