## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000010293

Title:

Name:

Address:

City-St-Zip:

FILED Sep 08, 2008 Secretary of State

Entity Name: DEGFORD HOLDINGS, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	COAST PKW ST, FL 3213	Y S.W. UNIT #6 7 US		
Current Mailing Address:			New Mailing Address:	
	COAST PKW ST, FL 3213	Y S.W. UNIT #6 7 US		
FEI Number:	76-0777535	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US				
The above in the State		submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,
SIGNATUR	E:			
	Electror	nic Signature of Registered Age	nt	Date
Election Cam	paign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) DEGRIGOLI, R 50 BRACKEN I PALM COAST,	ANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) DEGRIGOLI, R 50 BRACKEN I PALM COAST,	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V ( BLACKFORD, 50 BRACKEN I PALM COAST,	ANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S ( ) SCHMALZIGAN 55 BREWSTER PALM COAST,	RLANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD BLACKFORD VΡ 09/08/2008

( ) Delete

CONROY, TINA

12 FALLS PLACE

PALM COAST, FL 32137

() Change () Addition