

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026398

FILED
Feb 03, 2006
Secretary of State

Entity Name: DOUGLAS SCOTT STAFFORD, D.M.D., P.A.

Current Principal Place of Business:

1619 DAWNBRIDGE CT
BRANDON, FL 33510

New Principal Place of Business:

1619 DAWNBRIDGE CT
BRANDON, FL 33510

Current Mailing Address:

1619 DAWNBRIDGE CT
BRANDON, FL 33510

New Mailing Address:

1619 DAWNBRIDGE CT
BRANDON, FL 33510

FEI Number: 20-2413546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, DOUGLAS SCOTT D.M.D.
1619 DAWNBRIDGE CT
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

STAFFORD, DOUGLAS SCOTT D.M.D.
1619 DAWNBRIDGE CT
BRANDON, FL 33510 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/03/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAFFORD, DOUGLAS SCOTT D.M.D.
Address: 1619 DAWNBRIDGE CT
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STAFFORD, DOUGLAS SCOTT D.M.D.
Address: 1619 DAWNBRIDGE CT
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DOUGLAS SCOTT STAFFORD, D.M.D.

D

02/03/2006

Electronic Signature of Signing Officer or Director

Date