

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053269

Entity Name: CRAIG D. SANFORD, INC.

FILED
May 04, 2008
Secretary of State

Current Principal Place of Business:

5099 NW 7TH ST STE 505
MIAMI, FL 33126

New Principal Place of Business:

2950 DALE BOULEVARD
DALE CITY, VA 22193

Current Mailing Address:

5099 NW 7TH ST STE 505
MIAMI, FL 33126

New Mailing Address:

2950 DALE BOULEVARD
DALE CITY, VA 22193

FEI Number: 20-4731084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON STE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SANFORD, CRAIG D
Address: 5099 NW 7TH ST STE 505
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SANFORD, CRAIG D
Address: 6613 NETTIES LANE, #K
City-St-Zip: ALEXANDRIA, VA 22315

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.

SIGNATURE: CRAIG D. SANFORD

DPS

05/04/2008

Electronic Signature of Signing Officer or Director

Date