
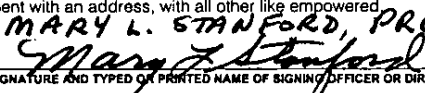


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 002 ***150.00

DOCUMENT # P06000154259 1. Entity Name MARY L. STANFORD, P.A.																													
Principal Place of Business 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688 US			Mailing Address 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 20-8109585																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent STANFORD, MARY L 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P, D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STANFORD, MARY L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1177 LINDENWOOD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TARPON SPRINGS, FL 34688</td> <td></td> </tr> </table>			TITLE	P, D	<input type="checkbox"/> Delete	NAME	STANFORD, MARY L		STREET ADDRESS	1177 LINDENWOOD DRIVE		CITY-ST-ZIP	TARPON SPRINGS, FL 34688		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: MARY L. STANFORD, PRESIDENT 			Date 2-27-07 (727)938-7478																										