

CERTIFIED MAIL 7006 2150 0004 5116 1993

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 018 ***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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 15603
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State CLEARWATER, FL
Zip	Country
33766	PINELLAS

01042008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8109585

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANFORD, MARY L 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688	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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D STANFORD, MARY L 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/SD STANFORD, MARY L 1177 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **MARY L. STANFORD, PRESIDENT** 4-15-08 (727) 938-7478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #