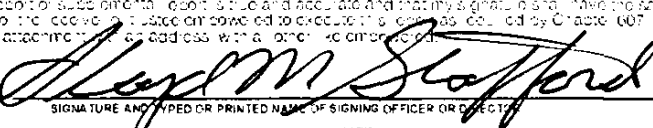


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 011 ***150.00

DOCUMENT # P07000000798			
1. Entity Name Stafford PMC, Inc.			
Principal Place of Business		Mailing Address	
6088 Vista Linda Lane		6088 Vista Linda Lane	
Boca Raton, FL 33433		Boca Raton, FL 33433	
2. Principal Place of Business - No. PO Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Michelle Tanzer		Name Lloyd M. Stafford	
1200 N. Federal Highway, Suite 200		Street Address (PO Box Numbers Not Accepted) 6088 Vista Linda Lane,	
Boca Raton, FL 33432		Boca Raton,	
		City FL Zip Code 33433	
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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
101 NAME S. H. ADDRESS CITY S. ZIP	Lloyd M. Stafford Pres. 6088 Vista Linda, Boca Raton, FL 33433	111 NAME S. H. ADDRESS CITY S. ZIP	☐ Change ☐ Addition
102 NAME S. H. ADDRESS CITY S. ZIP	Carole G. Stafford, Sec and Treasurer 6088 Vista Linda, Boca Raton, FL 33433	112 NAME S. H. ADDRESS CITY S. ZIP	☐ Change ☐ Addition
103 NAME S. H. ADDRESS CITY S. ZIP	☐ None	113 NAME S. H. ADDRESS CITY S. ZIP	☐ Change ☐ Addition
104 NAME S. H. ADDRESS CITY S. ZIP	☐ None	114 NAME S. H. ADDRESS CITY S. ZIP	☐ Change ☐ Addition
105 NAME S. H. ADDRESS CITY S. ZIP	☐ None	115 NAME S. H. ADDRESS CITY S. ZIP	☐ Change ☐ Addition
106 NAME S. H. ADDRESS CITY S. ZIP	☐ None	116 NAME S. H. ADDRESS CITY S. ZIP	☐ Change ☐ 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, the Secretary of State, do hereby 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 and director of the corporation or the individual 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 to this address with a proper identification.			
SIGNATURE 		31 Dec 2007 Lloyd M. Stafford, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	