

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000070300

Entity Name: RONALD E STAFFORD, PA

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

521 WHISPERING PINES CIRCLE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

521 WHISPERING PINES CIRCLE  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 45-2945899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAFFORD, RONALD E  
521 WHISPERING PINES CIRCLE  
MELBOURNE, FL 32940 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STAFFORD, RONALD  
Address: 521 WHISPERING PINES CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: STAFFORD, MARGARET  
Address: 521 WHISPERING PINES CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: RONALD STAFFORD

PRES

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date