2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90397 028 ***150.00

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1. Entity Name
STAFFORDSHIRE PROPERTIES, INC.

50038922

04042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
406 10TH AVE. N.E. ST. PETERSBURG, FL 33701	406 10TH AVE. N.E. ST. PETERSBURG, FL 33701
2. Principal Place of Business: 633 1st ST. NE	3. Mailing Address: 633 1st ST. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. FEI Number: 59-3224515 ☐ Applied For ☐ Not Applicable

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
STAFFORD, MAUREEN 406 10TH AVE. N.E. ST. PETERSBURG, FL 33701	Name: MAUREEN STAFFORD Street Address (P.O. Box Number is Not Acceptable): 633 1st ST. NE City: ST. PETERSBURG FL Zip Code: 33701

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: M. Stafford 4/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAFFORD, MAUREEN 633 1ST ST N.E. SAINT PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M. Stafford 4/14/05 727 822 8154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #