

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90065 039 \*\*\*158.75

**DOCUMENT # P95000062488**

1. Entity Name

STANFL ASSOCIATES, INC.



Principal Place of Business

800 S. NOVA RD  
STE D  
ORMOND BEACH FL 32174

Mailing Address

800 S. NOVA RD  
STE D  
ORMOND BEACH FL 32174

04029762



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

4. FEI Number

59-3331244

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

HARDING, G R SR  
800 S. NOVA RD  
STE D  
ORMOND BEACH FL 32174

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARDING, G.R. SR	
STREET ADDRESS	800 S. NOVA RD STE D	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARDING, RAY JR	
STREET ADDRESS	7970 ROYAL BIRKDALE CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CURBERLEY, CHARLES W JR	
STREET ADDRESS	8260 HUGH ALISON PLACE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARDING, GAIL R	
STREET ADDRESS	800 S. NOVA RD STE D	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Warren	
STREET ADDRESS	5378 NW 57 Way	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	S, Dion Thornton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	209 Foubel St.	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	+ Dion Thornton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	209 Foubel St.	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G. Ray Harding, SR, 4-7-04 366676-1130