

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-09-2004 90025 016 \*\*\*150.00

DOCUMENT # P95000091417

1. Entity Name  
STAFFORD MANAGEMENT, INC.



Principal Place of Business  
1016 LINGO CIRCLE  
WILLA-OAKS  
OVIEDO, FL 32765 US

Mailing Address  
1016 LINGO CIRCLE  
WILLA-OAKS  
OVIEDO, FL 32765 US

34040030



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3353521

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DALE, THOMAS H P.A.  
200 THORTON AVE.  
ORLANDO, FL 32802

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BERGNER, JOHN F JR.
STREET ADDRESS	1016 LINGO CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VPD
NAME	<del>BATEMAN, JERRY</del> BERGNER, John F III
STREET ADDRESS	<del>2116 TURNBERRY DRIVE</del> 2618 Woodside Ave.
CITY-ST-ZIP	<del>OVIEDO, FL 32765</del> Orlando, FL 32803
TITLE	SD
NAME	WARD, PATRICIA
STREET ADDRESS	9001 NOTCHWOOD COURT
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	BERGNER, ERLA
STREET ADDRESS	1016 LINGO CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	SHANNON, ELIZABETH
STREET ADDRESS	925 WINDWALK COURT
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D
NAME	TAYLOR, DEBORAH
STREET ADDRESS	11424 SYMPHONY WOOD LANE
CITY-ST-ZIP	SILVER SPRING, MD 20901

**DO NOT WRITE  
IN THIS SPACE**

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:

*Dr John F Bergner Jr* N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-366-8254  
4/05/04