

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90345 001 \*\*\*158.75

DOCUMENT # P95000091417	
1. Entity Name STAFFORD MANAGEMENT, INC. <i>assisted living + Extended Care Facilities</i>	
Principal Place of Business 1016 LINGO CIRCLE WILLA-OAKS OVIEDO, FL 32765 US	Mailing Address 1016 LINGO CIRCLE WILLA-OAKS OVIEDO, FL 32765 US



20049000



04152005 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 <input type="checkbox"/> \$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 Thomas H. Dale Esq, PA / PB continue 4/22/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) 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**

TITLE	PTD
NAME	BERGNER, JOHN F JR.
STREET ADDRESS	1016 LINGO CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	SD
NAME	<del>BERNER</del> JOHN F II <i>(said) correct to BERGNER</i>
STREET ADDRESS	2610 WOODSIDE AVE.
CITY-ST-ZIP	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 NHA DR John F BERGNER, JR NHA 4/21/05 407-366-8254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Add name in Section 10  
Full D. Taylor 2116 TURNBERRY DRIVE*