
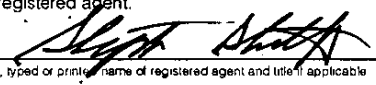


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 040 ***150.00

DOCUMENT # P96000004285			
1. Entity Name STEPHEN STRATFORD, P.A.			
Principal Place of Business 1301 RIVERPLACE BLVD. SUITE 1638 JACKSONVILLE FL 32207		Mailing Address 1301 RIVERPLACE BLVD. SUITE 1638 JACKSONVILLE FL 32207	
2. Principal Place of Business 4130 Salisbury Road N.		3. Mailing Address 4130 Salisbury Road N.	
Suite, Apt. #, etc. Suite 1250		Suite, Apt. #, etc. Suite 1250	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32216	Country USA	Zip 32216	Country USA
6. Name and Address of Current Registered Agent STRATFORD, STEPHEN 1301 RIVERPLACE BLVD. SUITE 1638 JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name Stephen Stratford Street Address (P.O. Box Number is Not Acceptable) 4130 Salisbury Road N., Suite 1250 City Jacksonville FL Zip Code 32216	
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 <input checked="" type="checkbox"/>  DATE 02/03/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STRATFORD, STEPHEN 1301 RIVERPLACE BLVD. STE 1638 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STRATFORD, STEPHEN 4130 Salisbury Road N., Suite 1250 Jacksonville FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Stephen Stratford** **02/03/05** **(904) 470-0016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUU1670U



1st MOORE CR2E034 (10/04)