## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000056748

Entity Name: STALFORD CONSTRUCTION, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

605 BURNS LANE 1020 S LK MARIAM DR

WINTER HAVEN, FL 338841149 WINTER HAVEN, FL 33884 US

Current Mailing Address: New Mailing Address:

605 BURNS LANE 1020 S LK MARIAM DR

WINTER HAVEN, FL 338841149 WINTER HAVEN, FL 33884 US

FEI Number: 65-0930015 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STALFORD, WENDY H
605 BURNS LANE
STALFORD, WENDY H
1020 S LK MARIAM DR

WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 US

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.

SIGNATURE: WENDY H STALFORD 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 STALFORD, DOUGLAS J
 Name:
 STALFORD, DOUGLAS J

 Address:
 605 BURNS LANE
 Address:
 1020 S LK MARIAM DR

 City-St-Zip:
 WINTER HAVEN, FL 338841149
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 STALFORD, WENDY H
 Name:
 STALFORD, WENDY H

 Address:
 605 BURNS LANE
 Address:
 1020 S LK MARIAM DR

 City-St-Zip:
 WINTER HAVEN, FL 338841149
 City-St-Zip:
 WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY H STALFORD STD 04/30/2009