

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000090882

**Entity Name:** STAFFORDUSA, INC.**Current Principal Place of Business:**1862 B PATTERSON AVE  
DELAND, FL 32724**Current Mailing Address:**PO BOX 1300  
DELAND, FL 32721 US**FEI Number:** 59-3672876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGGINS, LESLIE S  
1862 B PATTERSON AVE  
DELAND, FL 32724 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | PRESIDENT, CEO, DIRECTOR,<br>CHAIRMAN |
| Name            | COGGINS, LESLIE S                     |
| Address         | 1862 B PATTERSON AVE                  |
| City-State-Zip: | DELAND FL 32724                       |

|                 |                      |
|-----------------|----------------------|
| Title           | VP, DIRECTOR         |
| Name            | COGGINS, LONNIE S    |
| Address         | 1862 B PATTERSON AVE |
| City-State-Zip: | DELAND FL 32724      |

|                 |                      |
|-----------------|----------------------|
| Title           | VP, COO, DIRECTOR    |
| Name            | CHASSE, JOHN E       |
| Address         | 1862 B PATTERSON AVE |
| City-State-Zip: | DELAND FL 32724      |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | CHASSE, JASON F      |
| Address         | 1862 B PATTERSON AVE |
| City-State-Zip: | DELAND FL 32724      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** LESLIE S COGGINS

PRESIDENT

03/17/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date