2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000006541

1. Entity Name
ANDFIELD REALTY HOLDINGS, INC.

Principal Place of Business
2002 RICHARD JONES RD, SUITE 200A
NASHVILLE, TN 37215

Mailing Address
2002 RICHARD JONES RD, SUITE 200A
NASHVILLE, TN 37215

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1548395
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 resigning) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARFIELD, WILLIAM M
STREET ADDRESS	2002 RICHARD JONES RD, SUITE 200A
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	STD
NAME	ANDREWS, NELSON
STREET ADDRESS	2002 RICHARD JONES RD, SUITE 200A
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	SDD
NAME	WARFIELD, W. MILES
STREET ADDRESS	2002 RICHARD JONES RD, SUITE 200A
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	SDD
NAME	CRABTREE, DAVID P.
STREET ADDRESS	2002 RICHARD JONES RD, SUITE 200A
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	SD
NAME	HART, H. RODES JR.
STREET ADDRESS	2002 RICHARD JONES RD, SUITE 200A
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/04-80026-018 150.00

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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 authority like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #