


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006541 1. Entity Name ANDFIELD REALTY HOLDINGS, INC.	
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Principal Place of Business 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215	Mailing Address 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1548395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WARFIELD, WILLIAM M 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDREWS, NELSON 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDD WARFIELD, W. MILES 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDD CRABTREE, DAVID P. 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HART, H. RODES JR. 2002 RICHARD JONES RD, SUITE 200A NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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UD00700322904
04/22/05-80033-003 150.00

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: _____ Date: 4-20-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR