


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000006541**  
1. Entity Name  
**ANDFIELD REALTY HOLDINGS, INC.**



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



01302008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**62-1548395**      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**

**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**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

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	

**DO NOT WRITE IN THIS SPACE**

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03-08-06 80022-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, which is similar like empowered.

**SIGNATURE:** \_\_\_\_\_ **2-20-06**      **615-352-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #