


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 252367**  
 1. Entity Name  
**CLIFF FIELDS MOTORS, INC.**



Principal Place of Business      Mailing Address  
 2909 MOBILE HWY                      2909 MOBILE HWY  
 PENSACOLA, FL 32505 US              PENSACOLA, FL 32505 US

**DO NOT WRITE IN THIS SPACE**



07032007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-0936858**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FIELDS, CLIFFORD B., JR.  
 4461 CANOPY ROAD  
 PENSACOLA, FL 32504

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000767640  
 07/10/07-90012-018 150.00  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VPSD FIELDS SR., CLIFFORD B 10642 LILLIAL HWY PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FIELDS JR., CLIFFORD B 4461 CANOPY RD PENSACOLA, FL 32504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

Clifford B. Fields, Jr.

7/5/07 (850) 470-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #