

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 269235

Entity Name: WAKEFIELD'S, INC.

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

1212 QUINTARD AVENUE  
ANNISTON, AL 36201

## New Principal Place of Business:

## Current Mailing Address:

1212 QUINTARD AVENUE  
ANNISTON, AL 36201

## New Mailing Address:

PO BOX 400  
ANNISTON, AL 36202

FEI Number: 63-0310051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: WAKEFIELD, MARTIN L.  
Address: 1212 QUINTARD AVENUE  
City-St-Zip: ANNISTON, AL

Title: SD ( ) Delete  
Name: DOSTER, CHARLES S  
Address: 60 SUNSET DR  
City-St-Zip: ANNISTON, AL 36207

Title: DP ( ) Delete  
Name: WAKEFIELD, WILLIAM M.  
Address: 1212 QUINTARD AVENUE  
City-St-Zip: ANNISTON, AL

Title: DVP ( ) Delete  
Name: WHITE, NANNETTE W  
Address: 1212 QUINTARD AVENUE  
City-St-Zip: ANNISTON, AL

Title: D ( ) Delete  
Name: CRINNAN, SUSAN  
Address: 1212 QUINTARD AVE  
City-St-Zip: ANNISTON, AL 36201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. WAKEFIELD

PRES

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date