

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90026 002 ***158.75

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1. Entity Name
MANSFIELD CAPITAL CORPORATION



Principal Place of Business
**388 BROAD AVE S
NAPLES, FL 34102 US**

Mailing Address
**388 BROAD AVE S
NAPLES, FL 34102 US**

94046740



2. Principal Place of Business
271 Broad Ave S

3. Mailing Address
271 Broad Ave S

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

04032004 Chg-P CR2E034 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
03-0270450

Applied For
Not Applicable

Zip
34102

Country
US

Zip
34102

Country
US

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

6. Name and Address of Current Registered Agent

**FARRINGTON, STEPHEN H.
388 S BROAD AVE S
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
271 Broad Ave S, Suite 201

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **FARRINGTON, STEPHEN H.**
STREET ADDRESS **388 BROAD AVE S**
CITY-ST-ZIP **NAPLES, FL**

TITLE **VSD** ☐ Delete
NAME **FARRINGTON, CAROL C**
STREET ADDRESS **388 BROAD AVE S**
CITY-ST-ZIP **NAPLES, FL**

TITLE **D** ☐ Delete
NAME **NOTMAN, WILLIAM**
STREET ADDRESS **85 EAST INDIA ROW**
CITY-ST-ZIP **BOSTON, MA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **271 Broad Ave S, Suite 201**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **271 Broad Ave S, Suite 201**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stephen H. Farrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen H. Farrington

4/4/04

239-283-3660

Date

Daytime Phone #