

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM  
Secretary of State

DOCUMENT # 857764

1. Entity Name  
MANSFIELD CAPITAL CORPORATION



Principal Place of Business

271 BROAD AVE. S  
STE. 201  
NAPLES, FL 34102 US

Mailing Address

271 BROAD AVE. S  
STE. 201  
NAPLES, FL 34102 US



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
03-0270450

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FARRINGTON, STEPHEN H.  
271 BROAD AVE. S  
STE. 201  
NAPLES, FL 34102

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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
NAME	FARRINGTON, STEPHEN H.
STREET ADDRESS	271 BROAD AVE. S, STE. 201
CITY-ST-ZIP	NAPLES, FL
TITLE	VSD
NAME	FARRINGTON, CAROLINE C
STREET ADDRESS	271 BROAD AVE. S, STE. 201
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	NOTMAN, WILLIAM
STREET ADDRESS	85 EAST INDIA ROW
CITY-ST-ZIP	BOSTON, MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000643709  
03/02/07-80013-011 158.75

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/17/07

Date

239 263-3660

Daytime Phone #