

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004921

1. Entity Name
THE REDFIELD GROUP, INC.



Principal Place of Business
2810 RAINBOW DR.
RAINBOW CITY, AL 35906

Mailing Address
2810 RAINBOW DR.
RAINBOW CITY, AL 35906

FILED

04 JAN 12 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1282632

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301

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, 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	P
NAME	FISHER, MIKE
STREET ADDRESS	412 COUNTRY CLUB DR.
CITY - ST - ZIP	GADSDEN, AL 35901
TITLE	V
NAME	FISHER, MARVIN
STREET ADDRESS	287 ALPINE VIEW
CITY - ST - ZIP	GADSDEN, AL 35901
TITLE	ST
NAME	FISHER, CINDY
STREET ADDRESS	412 COUNTRY CLUB DR.
CITY - ST - ZIP	GADSDEN, AL 35901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

200028160212
02/03/04--01068--001 **150.00

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/04 254 413 0555