2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # G46548

1. Entity Name
MIKE HARTFIELD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% MICHAEL S. HARTFIELD 867 NW MOSSY OAK WAY JENSEN BEACH, FL 34957	% MICHAEL S. HARTFIELD 867 NW MOSSY OAK WAY JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

03202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2312050
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARTFIELD, MICHAEL S.
867 NW MOSSY OAK WAY
JENSEN BEACH, FL 34957

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BRINDLE, MICHELE
STREET ADDRESS	617 FOX VALLEY DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PD
NAME	HARTFIELD, J.P.
STREET ADDRESS	867 NW MOSSY OAK WAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	TD
NAME	ROCCO, NICOLE
STREET ADDRESS	433 NORTH LAKE ROAD
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/05-80034-017 150.00

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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: J P Hartfield JOSEPHINE J.P. HARTFIELD 3/31/05 772692-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #