2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # G46548 1. Entity Name MIKE HARTFIELD ASSOCIATES, INC.						04-11-2008	90034 039 ***15	50.00
Principal Plac	e of Business	Mailing Address			1 .			
% MICHAEL S. HARTFIELD 867 NW MOSSY OAK WAY JENSEN BEACH, FL 34957		% MICHAEL S. HARTFIELD 867 NW MOSSY OAK WAY JENSEN BEACH, FL 34957		 	1516 8 11 0 11 11 1 1 1 1 1	. 1190 BIDII BIDII BIDII BIDII BIDI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-2312		N	oplied For ot Applicable	
Zip	Country	Zip	Country			f Status Desired	\$8.75 Ad	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and A	Address of New R	legistered Agent	
HARTEIELD MICHAEL C				Name				
HARTFIELD, MICHAEL S. 867 NW MOSSY OAK WAY JENSEN BEACH, FL 34957				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
					ered agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
	Signature, typed or printed name of registered agent to	and title if applicable. (NOTE	: Registered	d Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai	ga Finan	ncing \$5	5.00 May Be ded to Fees		DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Contr	ga Finan	ncing \$5	5.00 May Be ded to Fees	HANGES TO OFF	DATE	S IN 11
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SIGNATURE:

I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Descriptions

Descr