2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H01792

1. Entity Name
MUIRFIELD, INC.

Principal Place of Business	Mailing Address
28739 STATE ROAD 54 W WESLEY CHAPEL, FL 33543-4231 US	28739 STATE ROAD 54 W WESLEY CHAPEL, FL 33543-4231 US

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2419050
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKS, RONALD R
28739 STATE ROAD 54 W
WESLEY CHAPEL, FL 33543-4231

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

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	PD
NAME	PARKS, RONALD R
STREET ADDRESS	3405 MORRISON AVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DCV
NAME	PARKS, JACK W
STREET ADDRESS	12720 CASEY RD
CITY-ST-ZIP	TAMPA, FL 336244502
TITLE	V
NAME	COUEY, STEVEN W
STREET ADDRESS	18112 LONGWATER RUN DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DST
NAME	SUAREZ, JEFFREY J
STREET ADDRESS	12718 CASEY RD
CITY-ST-ZIP	TAMPA, FL 336244502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80077-002 150.00

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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: Debra L. Campos Debra L. Campos Comptroller 04.27.04 (813) 907-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #