## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P00000037367 1. Entity Name GARFIELD AND SON, INC. 04-16-2004 90085 018 \*\*\*150.00 Principal Place of Business Mailing Address 5404 GRANDE PALM CIRCLE 5404 GRANDE PALM CIRCLE DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address 9671 Salt Water Creek Court 9671 Salt Water Creek Court Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ake. ake Wor 65-1011044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33467 Palm Beach Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James GARFIELD, JAMES ADAM Street Address (P.O. Box Number is Not Acceptable) 5404 GRANDE PALM CIRCLE DELRAY BEACH, FL 33484 Worth 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. $\Lambda$ SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete NAME GARFIELD, JAMES ADAM NAME 9671 Salt Water Creek Court STREET ADDRESS 5404 GRANDE PALM CIRCLE STREET ADDRESS Lake Worth, FL 33467 CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE VTD Delete TITLE ☐ Addition GARFIELD, ROBYN JOY NAME NAME STREET ADDRESS 5404 GRANDE PALM CIRCLE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 Worth CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED