


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093612 1. Entity Name FAIRFIELD FUTURES, INC.	
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Principal Place of Business 9829 ARBOR OAKS LANE #201 BOCA RATON, FL 33428	Mailing Address 9829 ARBOR OAKS LANE #201 BOCA RATON, FL 33428
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08202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054546	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, MICHAEL HUGH
9829 ARBOR OAKS LANE
#201
BOCA RATON, FL 33428

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, MICHAEL HUGH 9829 ARBOR OAKS LANE BOCA RATON, FL 33428
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**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)(f), 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: 08/18/04 Daytime Phone #