

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000045188

1. Entity Name  
MUIRFIELD PARTNERS, INC.



Principal Place of Business  
4022 MUIRFIELD COURT  
JACKSONVILLE, FL 32225

Mailing Address  
4022 MUIRFIELD COURT  
JACKSONVILLE, FL 32225

2. Principal Place of Business

3. Mailing Address

P.O. Box 2251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax FL

Zip

Country

Zip

32203

Country

Dual

08172004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3716305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, TONY  
4022 MUIRFIELD COURT  
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name

Darryl R. Jackson

Street Address (P.O. Box Number is Not Acceptable)

101 E Union #400

City

Jax FL 32202 FL

Zip Code

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

*Darryl R. Jackson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NELSON, TONY D  
4022 MUIRFIELD COURT  
JACKSONVILLE, FL 32225 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NELSON, JANICE R  
4022 MUIRFIELD COURT  
JACKSONVILLE, FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900040432139  
08/23/04--01078--001 \*\*306.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P.O. Box 2251  
Jax, FL 32203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Janice R. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/04

Date

904 874-4265

Daytime Phone #