

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052807

FILED
Jul 12, 2004
Secretary of State

Entity Name: OLD FIELD ASSOCIATES, INC.

Current Principal Place of Business:

156 PALOMA DRIVE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

156 PALOMA DRIVE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 01-0654555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, MICHAEL H PRES
156 PALOMA DRIVE
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: OWEN, MICHAEL H
Address: 156 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143

Title: V () Delete
Name: OWEN, ANNE
Address: 156 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. OWEN

PRES

07/12/2004

Electronic Signature of Signing Officer or Director

Date