

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 013 ***150.00

DOCUMENT # P02000106668

1. Entity Name

BARE FIELD EQUIPMENT COMPANY, INC.



Principal Place of Business

**1816 WEST SECOND STREET
LAKELAND FL 33805**

Mailing Address

**P. O. BOX 628
KATHLEEN FL 33849**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

03-0492207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ODUM, TERRY M
1245 COSTINE DRIVE
LAKELAND FL-33809**

7. Name and Address of New Registered Agent

Name

John W. Barefoot

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

11583 Old Dade City Rd.

City

Kathleen

FL

Zip Code

33849

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

John W. Barefoot

Signature, type or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-19-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BAREFOOT, JOHN W**
STREET ADDRESS **11583 OLD DADE CITY RD**
CITY-ST-ZIP **KATHLEEN FL 33849**

TITLE **D** ☐ Delete
NAME **WHITFIELD, RANDY T**
STREET ADDRESS **7936 KATHLEEN ROAD**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **D** ☒ Delete
NAME **ODUM, TERRY M**
STREET ADDRESS **1245 COSTINE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John W. Barefoot **John W. Barefoot**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 863-683-8697

Date

Daytime Phone #