

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90031 008 \*\*\*150.00

**DOCUMENT # P03000049998**

1. Entity Name  
RICHARD J. OLDFIELD INC.



Principal Place of Business  
201 S. 2ND STREET, SUITE 202  
FORT PIERCE, FL 34950

Mailing Address  
201 S. 2ND STREET, SUITE 202  
FORT PIERCE, FL 34950

10038319



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1562943

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OLDFIELD, RICHARD J  
201 S. 2ND STREET, SUITE 202  
FORT PIERCE, FL 34950

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OLDFIELD, RICHARD
STREET ADDRESS	201 S. 2ND STREET, SUITE 202
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	VP
NAME	SMITH, YVONNE
STREET ADDRESS	201 S. 2ND STREET, SUITE 202
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06  
Date

772-879-9999  
Daytime Phone #