


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90200 019 ***150.00

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| DOCUMENT # P03000070238 | |  |
| 1. Entity Name R & J WHITFIELD, INC. | | |

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| Principal Place of Business 10203 WINDSONG RD PUNTA GORDA, FL 33955 | Mailing Address 10203 WINDSONG RD PUNTA GORDA, FL 33955 |
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|---|--------------------------|---|---------|
| 2. Principal Place of Business - No P.O. Box # 12 NO DESOTO AVE | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State ARCADIA, FL | | City & State | |
| Zip 34266 | Country DESOTO | Zip | Country |

02152007 Chg-P CR2E034 (12/06)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent WHITFIELD, ROBERT 10203 WINDSONG RD PUNTA GORDA, FL 33955 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

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|------------------------------------|--|
| 4. FEI Number 41-2100660 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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 JANE R. WHITFIELD JANE R. WHITFIELD 4/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WHITFIELD, ROBERT 10203 WINDSONG RD PUNTA GORDA, FL 33955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WHITFIELD, JANE R 10203 WINDSONG RD PUNTA GORDA, FL 33955 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: JANE WHITFIELD JANE WHITFIELD 4/18/07 941-575-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #