

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90018 014 ***150.00

DOCUMENT # P03000142085 1. Entity Name BAREFIELD COMPANY, INC.					
Principal Place of Business 5968 HWY 4 WEST BAKER, FL 32531			Mailing Address 5968 HWY 4 WEST BAKER, FL 32531		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 45-0529132	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAREFIELD, CLARKE B 5968 HWY 4 WEST BAKER, FL 32531				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when renouncing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAREFIELD, CLARKE B		NAME		
STREET ADDRESS	5968 HWY 4 WEST		STREET ADDRESS		
CITY - ST - ZIP	BAKER, FL 32531		CITY - ST - ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAREFIELD, JIL L		NAME		
STREET ADDRESS	5968 HWY 4 WEST		STREET ADDRESS		
CITY - ST - ZIP	BAKER, FL 32531		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAREFIELD, JESSE A		NAME		
STREET ADDRESS	314 GOLDEN RD.		STREET ADDRESS		
CITY - ST - ZIP	NICEVILLE, FL 32578		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAREFIELD, JAN		NAME		
STREET ADDRESS	1608 26TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NICEVILLE, FL 32578		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLDACRE, JOSEPH		NAME		
STREET ADDRESS	3450 MCKENZIE LANE		STREET ADDRESS		
CITY - ST - ZIP	CRESTVIEW, FL 32539		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Jil L. Barefield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JIL BAREFIELD Vice - Pres. <i>3/28/08</i> <small>Date</small>		