


2006 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000071178

1. Entity Name
BARFIELD INSURANCE & FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address

**1106 SPIRIT LAKE RD
WINTER HAVEN, FL 33880** **1322 HIDDEN CREEK COURT
WINTER HAVEN, FL 33880**

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1073258 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARFIELD, JAMES W
1322 HIDDEN CREEK COURT
WINTER HAVEN, FL 33880**

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  **4-14-06**
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 NAME STREET ADDRESS CITY - ST - ZIP	P BARFIELD, JAMES W 1322 HIDDEN CREEK COURT WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BARFIELD, CHRISTIANNE 1322 HIDDEN CREEK COURT WINTER HAVEN, FL 33880
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05/01/06-80070-019 150.00

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:  **4-14-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #