


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000023961 1. Entity Name B CANFIELD ENTERPRISES INC.	
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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0478804	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CANFIELD, CARRIE L
110 JUNE COURT
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

9. 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 *Carrie L. Canfield*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

100000105825
04/07/04-80041-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CANFIELD, BRUCE 110 JUNE COURT MARCO ISLAND, FL 33937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CANFIELD, CARRIE L 110 JUNE COURT MARCO ISLAND, FL 33937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(i), 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: *Carrie L. Canfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 239-389-9097
Date Daytime Phone #