


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P96000097769</b><br>1. Entity Name<br>CLIFKEEN AGRICULTURAL, INC. |  |
|---|---|

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| Principal Place of Business<br>3065 HWY 29 N<br>IMMOKALEE, FL 34142 US | Mailing Address<br>3065 STATE RD. 29 N<br>IMMOKALEE, FL 34142 US |
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**DO NOT WRITE IN THIS SPACE**



05072004 No Chg-P CR2E034 (10/03)

|   |                                    |
|---|------------------------------------|
| 4. FEI Number<br>59-3415442                               | Applied For<br>Not Applicable      |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fees Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BARFIELD, JAMES E<br>3065 HWY 29 N<br>IMMOKALEE, FL 34142 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BARFIELD, JAMES E<br>CROSS RD<br>FELDA, FL                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BARFIELD, JAMES F<br>3065 HWY 29N<br>IMMOKALEE, FL 34142      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BARFIELD, THOMAS W<br>560 FOXCREEK DRIVE<br>LEHIGH ACRES, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARFIELD, ALICE E<br>560 FOXCREEK DRIVE<br>LEHIGH ACRES, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARFIELD, MARY A<br>3065 HWY 29 N<br>IMMOKALEE, FL 34142       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:** *Mary Alice Barfield* *Mary Alice Barfield* *6/10/04* *289 4572456*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone