

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000003322

1. Entity Name

PAYNE, BARFIELD, HODGE & MARTIN, P.A.



Principal Place of Business

4800 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32506

Mailing Address

4800 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32506



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3414254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARFIELD, CLEMENT W
4800 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32506

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARFIELD, CLEMENT W
STREET ADDRESS	1513 VIA DE LUNA DR
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	VP
NAME	BARFIELD, DDS C
STREET ADDRESS	4140 MENENDEZ DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	S
NAME	HODGE, JOHN D.
STREET ADDRESS	1123 Balsa Ct.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	T
NAME	MARTIN, III J
STREET ADDRESS	3274 ABEL AVE
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80201-013 150.00

**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)(c), 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CW BARFIELD CW Barfield

4-30-04

4869201