

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000016412

1. Entity Name
RICHARD M. MOURFIELD, INC.



Principal Place of Business

**688 TURTLE LANE
LABELLE, FL 33935**

Mailing Address

**688 TURTLE LANE
LABELLE, FL 33935**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3571129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOURFIELD, RICHARD M
688 TURTLE LANE
LABELLE, FL 33935**

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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, 2008 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
**D
MOURFIELD, RICHARD M
688 TURTLE LANE
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOURFIELD, DONNA I
688 TURTLE LANE
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000329460
05/21/08-80069-015 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONNA I.
MOURFIELD**

04/24/08 (863) 675-2997

Date Daytime Phone #