

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000017476

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** BARFIELD & ASSOCIATES OF OCALA, INC.

**Current Principal Place of Business:**

2303 SE 17TH ST. SUITE 102  
OCALA, FL 34471

**New Principal Place of Business:**

1100 SE 58TH AVENUE  
OCALA, FL 34480

**Current Mailing Address:**

2303 SE 17TH ST. SUITE 102  
OCALA, FL 34471

**New Mailing Address:**

P.O. BOX 4338  
OCALA, FL 34480

**FEI Number:** 59-3579987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARFIELD, TODD L  
1100 SE 58TH AVENUE  
OCALA, FL 34480 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BARFIELD, TODD L  
**Address:** 1100 SE 58TH AVE  
**City-St-Zip:** OCALA, FL 34480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TODD BARFIELD

PD

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date