## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

		11121 9111		_ >	eci eta	iy di Sta	llC
1. Entity Nam	MENT # 283378 ifield & sons, inc.					00244 012 ***150.	
Principal Plac	e of Business	Mailing Address	<u> </u>				
1 '		149 EAST CENTER STREE	T .				
		P.O. BOX 1864	••		• .		
SEBRING, FL		SEBRING, FL 33870	;				
					1111    11    1	<u>                                       </u>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number			oplied For
				59-1099	405		t Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	□ \$8.75 Add	
	6. Name and Address of Current	Begintered Agent		7 Nome and	Nalabara - S Na	Fee Require	d —
	6. Name and Address of Current	Kedistelen Wäellt	Name	7. Name and 7	Address of New I	registered Agent	
CRUTCHFIELD, H EARL Jr.							
1034 LUCEREN BLVD. Lucerne Dr.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	, FL 33870·						
-	<b>.</b>						
	•		City			FL Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered of the purpose of							
	e named entity submits this statement to tions of registered agent.	or the purpose of changing its re	gistered office or regi	istered agent, or bott	i, in the State of Fi	orida. I am familiar with,	and accept
i							
SIGNATURE.		to the territory of the					
	Signature, types printed name of registered agent	and line in applicable (NOTE, F	Registered Agent signature rec	sured when reinstating)		DATE	
		9. Election Campaign	n Financino	\$5.00 May Be			
FIL After M	E NOWIL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		~ _	Added to Fees			
	4.1.1.1						
10.	OFFICERS AND		11.	ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	PD	Delete	TITLE			Change	Addition
NAME OXDEEX ADODESO	CRUTCHFIELD, H. EARL		NAME				
STREET ADDRESS CITY - ST - ZIP	1034 LUCERNE BLVD.		STREET ADDRESS CITY-ST-ZIP				
	SEBRING, FL		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
TITLE	SD COUTCUEIELD & THOMAS	☐ Delete	THE V.	SD witchfield, ib moon R	5. Thoma	S Change	Addition
NAME CIDELL ADDRESS	CRUTCHFIELD, J. THOMAS		NAME CO	L warea &	each Rd		
STREET ADDRESS	206 MOON RANCH RD. SEBRING, FL		CITY-ST-ZIP	bring, Fl	33801		
<u> </u>	VD	П.,,,		EO	33871		
NAME	CRUTCHFIELD, EARL H JR	☐ Delete	NAME CO	TO stchfield, Ec	4 H Sr.	Change     Ch	☐ Addition
STREET ADDRESS	1819 SAND TRAP CT		STREET ADDRESS	34 Lucerne	. Dr.		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	bring Flo	23970	1	
TITLE		☐ Delete	INTLE	BUNDA TI	4. 300 TO	☐ Change	□ Addition
NAME		La Delete	NAME			L Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-SI-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		-	☐ Change	Addition
NAME			NAME			□ creage	AVAIRON
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	Ī		CUDY CT TID				
			CITY-ST-ZIP				
TILLE		☐ Doloto			·	☐ Chance	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	·	<del> </del>	☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE			☐ Change	Addition

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 il changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZA

08 863-385-0721 Date Daysime Phone is