## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096068

Entity Name: FINE FIELDS LAWN CARE INC.

**Current Principal Place of Business:** 

5782 ALDERFER SPRINGS DR JACKSONVILLE. FL 32258

**Current Mailing Address:** 

2220 COUNTY ROAD 210 WEST SUITE 108 BOX 105 JACKSONVILLE, FL 32259 US

FEI Number: 55-0902252 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINEFIELD, MELAINE 1573 E. WINDY WILLOW DR. ST. AUGUSTINE, FL 32092 US

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

FILED Apr 30, 2014

**Secretary of State** 

CC4508459218

Officer/Director Detail:

Title P/D Title VP/D

NameFINEFIELD, MELAINENameFINEFIELD, CHRISTOPHERAddress1573 E. WINDY WILLOW DR.Address1573 E WINDY WILLOW DR.City-State-Zip:ST. AUGUSTINE FL 32092City-State-Zip:ST. AUGUSTINE FL 32092

Title T/S

Name FINEFIELD, CHRISTOPHER
Address 1573 E WINDY WILLOW DR.
City-State-Zip: ST. AUGUSTINE FL 32092

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MELAINE FINEFIELD

P/D

04/30/2014