

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90072 021 \*\*\*150.00

<b>DOCUMENT # 303620</b> 1. Entity Name <b>RADFIELDS INC</b>			
Principal Place of Business <b>7601 HOLLYRIDGE RD JACKSONVILLE, FL 32256</b>		Mailing Address <b>7601 HOLLYRIDGE RD JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business <b>2245 St Johns Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2245 St Johns Ave.</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b> Zip <b>32204</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32204</b> Country <b>USA</b>	
4. FEI Number <b>59-1140141</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SKINNER JR, R G 7601 HOLLYRIDGE RD. JACKSONVILLE, FL 32256</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Allen F Skinner</b> Street Address (P.O. Box Number is Not Acceptable) <b>2245 St. Johns Ave.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/10/05</b> <small>(NOTE: Registered Agent signature required when constituting)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME SKINNER, R G, JR STREET ADDRESS 7601 HOLLYRIDGE RD CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE PD NAME <b>Skinner, Allen F.</b> STREET ADDRESS <b>2245 St. Johns Ave.</b> CITY-ST-ZIP <b>Jacksonville, FL 32204</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME SKINNER, ANN F STREET ADDRESS 7601 HOLLYRIDGE RD CITY-ST-ZIP JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address with an other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/10/05</b> Daytime Phone # <b>904-387-6710</b>	