

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 615609

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** FIELDS APPLIANCE SERVICE, INC.

**Current Principal Place of Business:**

7110 EDGEWATER DR.  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 607517  
ORLANDO, FL 328604517

**New Mailing Address:**

P O BOX 607517  
ORLANDO, FL 328607517 US

**FEI Number:** 59-1924547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELDS, TROY, BRAIN  
4333 ROSSMORE DR.  
ORLANDO, FL 32810 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:** P  
**Name:** FIELDS, TROY BRIAN  
**Address:** 4333 ROSSMORE DR.  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** STD  
**Name:** FIELDS, DOROTHY G  
**Address:** 8476 BAYWOOD VISTA DR.  
**City-St-Zip:** ORLANDO, FL 32810

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:** TROY BRIAN FIELDS

P

02/11/2010

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

\_\_\_\_\_  
Date