2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001457

FILED Jan 20, 2004 Secretary of State

DOGGINENT# 1 03000001437				Secretary of State	
Entity Name: TMS FIELD SERVICES, INCORPORATED					
Current P	rincipal Plac	e of Business:	New Principal	New Principal Place of Business:	
	SEY ROAD GROVE, NC	28366			
	,				
Current M	lailing Addre	ss:	New Mailing A	New Mailing Address:	
PO BOX 1 NEWTON	89 GROVE, NC	28366			
FEI Number	: 82-0571021	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
	IVON METTO ST ATER, FL 337	765 US	301 ROSERY R APT. 1901	PARKER, JR., SHELTON 301 ROSERY ROAD NE APT. 1901 LARGO, FL 33770 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	gistered office or registered agent, or both,	
SIGNATUR	RE: SHELTC	N PARKER, JR.		01/20/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (OUTLAW, WIL 296 RED HILL MT. OLIVE, NO	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAUSS, BENJ 128 BROWN F) Delete AMIN S PELICAN LOOP LAND, SC 29585	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (JONES, BARR 602 NEUSE R CLAYTON, NO	DGE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM F. OUTLAW P 01/20/2004