

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004693
 1. Entity Name
WESTFIELD SERVICES, INC.



Principal Place of Business Mailing Address
ONE PARK CIRCLE **P.O. BOX 5001**
WESTFIELD CENTER, OH 44251 **WESTFIELD CENTER, OH 44251-5001**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1861077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OHIO FARMERS INSURANCE COMPANY
WOOD RIDGE II PROFESSIONAL PLAZA
2403 S.E. 17TH STREET, SUITE 401
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

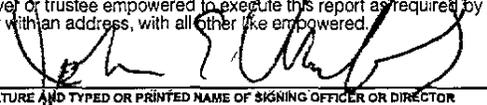
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO, JOYCE, ROBERT J P.O. BOX 5001 WESTFIELD CENTER, OH 442515001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARFEL, JOHN E P.O. BOX 5001 WESTFIELD CENTER, OH 442515001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRISOWATY, ROBERT P.O. BOX 5001 WESTFIELD CENTER, OH 442515001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARRINO, FRANK A P.O. BOX 5001 WESTFIELD CENTER, OH 442515001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BESHIRE, BAMBI A P.O. BOX 5001 WESTFIELD CENTER, OH 442515001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E BOWERMAN, BRIAN R P.O. BOX 5001 WESTFIELD CENTER, OH 442515001

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 01/26/06-80054-004 150.00

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

SIGNATURE:  **1/10/06** **330-887-023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN E WARFEL