

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005694

FILED
Jan 25, 2007
Secretary of State

Entity Name: FAIRFIELD FINANCIAL SERVICES, INC.

Current Principal Place of Business:

101 SHERATON CT.
MACON, GA 31210

New Principal Place of Business:

Current Mailing Address:

101 SHERATON CT.
MACON, GA 31210

New Mailing Address:

FEI Number: 58-2551497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DR., #1300
JACKSONVILLE, FL 322025017 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: CEOT (X) Delete
Name: RAMSEY, JOHN W
Address: P. O. BOX 4763
City-St-Zip: MACON, GA 31208

Title: D () Delete
Name: DEWITT, JAMES O
Address: P. O. BOX 4748
City-St-Zip: MACON, GA 312084748

Title: SD () Delete
Name: CARNEY, LOUISE E
Address: P. O. BOX 4763
City-St-Zip: MACON, GA 31208

Title: D () Delete
Name: SHERIDAN, VALENTINO
Address: P. O. BOX 4763
City-St-Zip: MACON, GA 31208

Title: D () Delete
Name: DAVIS, JAMES W
Address: 2713 MARIETTA HWY., SUITE 211
City-St-Zip: DALLAS, GA 30157

Title: D () Delete
Name: MCLEMORE, JAMES R
Address: P. O. BOX 4748
City-St-Zip: MACON, GA 312084748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEWITT, JAMES O
Address: P. O. BOX 4748
City-St-Zip: MACON, GA 31208

Title: DST (X) Change () Addition
Name: CARNEY, LOUISE E
Address: P. O. BOX 4763
City-St-Zip: MACON, GA 31208

Title: PD (X) Change () Addition
Name: SHERIDAN, JOHN V
Address: P. O. BOX 4763
City-St-Zip: MACON, GA 31208

Title: D (X) Change () Addition
Name: DAVIS, JAMES W
Address: 2713 MARIETTA HWY., SUITE 211
City-St-Zip: DALLAS, GA 30157

Title: D (X) Change () Addition
Name: MCLEMORE, JAMES R
Address: 4219 FORSYTH RD.
City-St-Zip: MACON, GA 31210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LOUISE E. CARNEY

ST

01/25/2007

Electronic Signature of Signing Officer or Director

Date