


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90173 022 \*\*\*150.00

<b>DOCUMENT # L19049</b>	
<b>1. Entity Name</b> FIELD SERVICES, INC.	

<b>Principal Place of Business</b> 1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961	<b>Mailing Address</b> 1626 - 90TH AVE. P.O. BOX 370 VERO BEACH FL 32961
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	P.O. Box 370 Suite, Apt. #, etc.
City & State	Vero Beach, FL City & State
Zip	Country
32961	USA



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 65-0146711	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  LUTHER, JOHN M 1626 - 90TH AVE. VERO BEACH FL 32961	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> CD	<b>NAME</b> RICHARDSON, DANFORTH K.	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 1855 - 28TH AVE.	<b>CITY-ST-ZIP</b> VERO BEACH FL 32960		
<b>TITLE</b> D	<b>NAME</b> RICHARDSON, MARJORIE H	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 1855 28TH AVENUE	<b>CITY-ST-ZIP</b> VERO BEACH FL 32968		
<b>TITLE</b> ATD	<b>NAME</b> HOPKINS, SUSAN R	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 1580 GRACEWOOD LN.	<b>CITY-ST-ZIP</b> VERO BCH FL 32963		
<b>TITLE</b> TS	<b>NAME</b> PEREZ, TOMAS RENE	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 2019 CORTEZ AVE.	<b>CITY-ST-ZIP</b> VERO BEACH FL 32960		
<b>TITLE</b> PD	<b>NAME</b> LUTHER, JOHN M	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 555 S A1A	<b>CITY-ST-ZIP</b> VERO BEACH FL 32963		
<b>TITLE</b> ASD	<b>NAME</b> LUTHER, NANCY R.	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 555 SOUTH A1A HIGHWAY	<b>CITY-ST-ZIP</b> VERO BEACH FL 32963		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**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 an address, with all other like empowered.**

**SIGNATURE:** John M. Luther, PRESIDENT **4/04/05 772-567-1151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John M. Luther, President Date Ext. 333