

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 037 \*\*\*150.00

**DOCUMENT # L19049**

1. Entity Name

FIELD SERVICES, INC.



Principal Place of Business

1626 - 90TH AVE.  
P.O. BOX 370  
VERO BEACH FL 32961

Mailing Address

P O BOX 370  
VERO BEACH FL 32961



2. Principal Place of Business - No P.O. Box #

21 Royal Palm Pointe

3. Mailing Address

Suite, Apt. #, etc.  
Suite No.201

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Vero Beach, FL

City & State

4. FEI Number

65-0146711

Applied For

Not Applicable

Zip

32960

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUTHER, JOHN M  
~~1626 - 90TH AVE.~~ 21 Royal Palm Pointe  
VERO BEACH FL 32961 Suite 201  
Vero Beach, FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CD ☒ Delete  
NAME: RICHARDSON, DANFORTH K.  
STREET ADDRESS: 1855 - 28TH AVE.  
CITY-STATE-ZIP: VERO BEACH FL 32960

TITLE: D ☒ Delete  
NAME: RICHARDSON, MARJORIE H  
STREET ADDRESS: 1855 28TH AVENUE  
CITY-STATE-ZIP: VERO BEACH FL 32968

TITLE: ATD ☐ Delete  
NAME: HOPKINS, SUSAN R  
STREET ADDRESS: 1580 GRACEWOOD LN.  
CITY-STATE-ZIP: VERO BCH FL 32963

TITLE: TS ☐ Delete  
NAME: PEREZ, TOMAS RENE  
STREET ADDRESS: 2019 CORTEZ AVE.  
CITY-STATE-ZIP: VERO BEACH FL 32960

TITLE: PD ☐ Delete  
NAME: LUTHER, JOHN M  
STREET ADDRESS: 555 S A1A  
CITY-STATE-ZIP: VERO BEACH FL 32963

TITLE: ASD ☐ Delete  
NAME: LUTHER, NANCY R.  
STREET ADDRESS: 555 SOUTH A1A HIGHWAY  
CITY-STATE-ZIP: VERO BEACH FL 32963

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CD ☒ Change ☐ Addition  
NAME: RICHARDSON, DANFORTH K.  
STREET ADDRESS: 1035 St. James Circle  
CITY-STATE-ZIP: Vero Beach, FL 32967

TITLE: D ☒ Change ☐ Addition  
NAME: RICHARDSON, MARJORIE H.  
STREET ADDRESS: 1035 St. James Circle  
CITY-STATE-ZIP: Vero Beach, FL 32960

TITLE: D ☐ Change ☒ Addition  
NAME: KAHLE, SANDRA R.  
STREET ADDRESS: 6020 SW 5th St.  
CITY-STATE-ZIP: Vero Beach, FL 32968

TITLE: D ☐ Change ☒ Addition  
NAME: KAHLE, GEORGE A.  
STREET ADDRESS: 6020 SW - 5th St.  
CITY-STATE-ZIP: Vero Beach, FL 32968

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16th, 2007

772-567-1151

Date

Daytime Phone #