2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 08:00 AM DOCUMENT # M67413 **Secretary of State** 1. Entity Name B & P FIELDS, INC. Principal Place of Business Mailing Address 7129 VENETIAN WAY 7129 VENETIAN WAY LAKE CLARK SHORES FL 33406 LAKE CLARK SHORES FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0039484 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registers Agent Name FIELDS, GENE PAUL Street Address (P.O. Box Number is Not Acceptable) 7129 VÉNETIAN WAY LAKE CLARK SHORES FL 33406 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE D Defete HILE Change ToilibbA U000000225556 FIELDS, GENE PAUL NAME NAME 02/11/05-80045-010 158.75 7129 VENETIAN WAY STREET ADDRESS STREET ADDRESS CHY-S1-ZIP LAKE CLARK SHORES FL CHTY-51-ZIP HIE ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete THILE ☐ Change ☐ Addition MLE NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CD1Y-51-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Isis F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-AP C11Y-S1-ZIF ☐ Delete Change Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CRY-SE-78

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 supplier and 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

address, with all other like empowered

changed, or on an attachment with a

SIGNATURE:

FILED