

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000273

FILED
Apr 18, 2009
Secretary of State

Entity Name: FIELD WILDFIRE RESOURCES, INC.

Current Principal Place of Business:

16989 SW 47TH PLACE ROAD
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

16989 SW 47TH PLACE ROAD
OCALA, FL 34481

New Mailing Address:

FEI Number: 59-3623481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELD, ROBERT A PRES
16989 SW 47TH PLACE ROAD
OCALA, FL 34481 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FIELD, ROBERT A
Address: 16989 SW 47TH PLACE ROAD
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: FIELD, DAVID
Address: 2850 80TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP () Delete
Name: FIELD, JASON
Address: 9523 83RD STREET NORTH
City-St-Zip: SEMINOLE, FL 32777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A FIELD

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date