2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

	AIIII				_		veer y			
DOCUMENT # P01000121144 1. Entity Name GREENFIELD SERVICES, INC.					05-04-2004 90190 001 ***150.00					
Principal Plac	e of Business]						
Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD SUITE 100E SUITE 100E BOCA RATON, FL 33431 BOCA RATON, FL 33431			l			 			1110 1 #1 1 00 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302004	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Number 01-0549602			—	oplied For ot Applicable	
Zip	Country	Zip	Country	۔	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current R			7. Name and	Address of New	Registered	Agent			
LIGETI, GEORGE B				Name						
2300 GLADES ROAD SUITE 100E			Street	Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON, FL 33431										
\$ B.			City				FI	Zip Cod	9	
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. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS	CHANGES TO O	FICERS AN	D DIRECTOR:	S IN 11	
NAME., STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, WILLIAM R 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE	D 3"	☐ Delete	TITLE					Change	Addition	
NAME	LIGETI, GEORGE B	□ Dalete	NAME			•		C Grange		
STREET ADDRESS CITY-ST-ZIP	2300 GLADES ROAD SUITE 1008 BOCA RATON, FL 33431	Ξ	STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Daleie	TITLE	1				☐ Change _	. Addition	
NAME	MCCLELLAN, JOHN W		NAME						 .	
STREET ADDRESS	2300 GLADES ROAD SUITE 1008	Ī	STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	1						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
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NAME		e se e e e e e e e e e e e e e e e e e	NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS							
UIIT-51-ZIP			CITY-ST-ZIP							

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:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

R GREEN field

3/15/04

561-392-666

Daytime Phone #