2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045997

Address:

City-St-Zip:

21280 NW 62ND LN.

STARKE, FL 32091

Entity Name: CLEMONS FIELD SERVICES, INC

FILED Jul 14, 2008 Secretary of State

	c. OLLINO	THO FIELD CERTICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
21280 NW STARKE,	/ 62ND LN. FL 32091				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
21280 NW STARKE,	/ 62ND LN. FL 32091				
FEI Number	: 01-0675098	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
21280 NW STARKE, The above		US submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (CLEMONS, J. 21280 NW 62 STARKE, FL	ND LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (CLEMONS, B 21280 NW 62 STARKE, FL	ND LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (CLEMONS, J) Delete ACOB	Title: Name:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES E. CLEMONS PD 07/14/2008