


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90044 032 ***150.00

DOCUMENT # P03000004542

1. Entity Name
FIELDS PAG, INC.



Principal Place of Business
**963 WYMORE RD.
 WINTER PARK, FL 32789**

Mailing Address
**963 WYMORE RD.
 WINTER PARK, FL 32789**

40006183



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number
02-0665457

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FIELDS, RANDOLPH H ESQ.
 450 SOUTH ORANGE AVE., STE. 650
 ORLANDO, FL 32801**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, JOHN R			NAME			
STREET ADDRESS	THREE WAUKEGAN RD.			STREET ADDRESS			
CITY-ST-ZIP	GLENVIEW, IL 60025			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, RANDOLPH			NAME			
STREET ADDRESS	450 S. ORANGE SUITE 650			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IPJIAN, JEROME			NAME			
STREET ADDRESS	2015 CHESTNUT			STREET ADDRESS			
CITY-ST-ZIP	GLENVIEW, IL 60025			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLSON, RUSSELL			NAME			
STREET ADDRESS	265 N. HIGHWAY 17-92			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32750			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LADHA, SHERMIN			NAME			
STREET ADDRESS	3 WAUKEGAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	GLENVIEW, IL 60025			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEIN, EARL			NAME			
STREET ADDRESS	3 WAUKEGAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	GLENVIEW, IL 60025			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:  **1/21/05 847-998-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #