

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004542

FILED
Apr 08, 2008
Secretary of State

Entity Name: FIELDS PAG, INC.

Current Principal Place of Business:

963 WYMORE RD.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

963 WYMORE RD.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 02-0665457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, RANDOLPH H ESQ.
450 SOUTH ORANGE AVE., STE. 650
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FIELDS, JOHN R
Address: 2100 FRONTAGE RD
City-St-Zip: GLENCOE, IL 60022

Title: VD () Delete
Name: FIELDS, DANIEL
Address: 2860 DUFFY LANE
City-St-Zip: RIVERWOODS, IL 60045

Title: D () Delete
Name: IPJIAN, JEROME
Address: 2015 CHESTNUT
City-St-Zip: GLENVIEW, IL 60025

Title: V () Delete
Name: OLSON, RUSSELL
Address: N43 W29150 PRAIRIE WIND CIRCLE N
City-St-Zip: PEWAUKEE, WI 53072

Title: S () Delete
Name: LADHA, SHERMIN
Address: 2100 FRONTAGE RD
City-St-Zip: GLENCOE, IL 60022

Title: T () Delete
Name: TAYLOR, LORI
Address: 14940 CR 561A
City-St-Zip: CLERMONT, IL 34711

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI TAYLOR

_____ Electronic Signature of Signing Officer or Director

T

04/08/2008

_____ Date