

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 042 \*\*\*150.00

DOCUMENT # P04000050131

1. Entity Name

FIELD OF LEGENDS, INC.



Principal Place of Business

2663 GULF TO BAY BLVD  
SUITE 950  
CLEARWATER FL 33759

Mailing Address

PO BOX 7695  
SEMINOLE FL 33775

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2663 Gulf to Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

950

City & State

City & State

Clearwater FL

Zip

Country

Zip

33759

Country

Pinellas

4. FEI Number

20-0888694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEHLER, CLAIRE E  
2307 NELLIE ST  
LARGO FL 33774

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

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
HOEHLER, CLAIRE E  
2624 W GRAND RESERVE CR., APT 722  
CLEARWATER FL 33759 ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY - ST - ZIP  
☒ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Claire E. Hoehler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 2007 (727) 725-8984

Date

Daytime Phone #