2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2005 8:00 am Secretary of State DOCUMENT # P04000099532 1. Entity Name 05-02-2005 90449 042 ***150.00 FIELDPRO SERVICES, INC. Principal Place of Business Mailing Address 908 MCINTOSH DR 908 MCINTOSH DR BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 27-0095158 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUDLEY, GREGORY P Street Address (P.O. Box Number is Not Acceptable) 908 MCINTOSH DR BRANDON FL 33510 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, tiped or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change TITLE ☐ Detete TITLE DUDLEY, GREGORY R NAME NAME 908 MCINTOSH DR STREET ADDRESS STREET ADDRESS **BRANDON FL 33510** CITY-ST-ZIP CITY-ST-7/P THE Change ☐ Addition TITLE ☐ Detete GRIDLEY, KATHLEEN S NAME NAME STREET ADDRESS STREET ADDRESS 908 MCINTOSH DR BRANDON FL 33510 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-S1-71P 12. Thereby 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

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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 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 attachm SIGNATURE: