2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096068

FINEFIELD, RHONDA

550 JOHNS CREEK PARKWAY

ST. AUGUSTINE, FL 32092

Name:

Address: City-St-Zip:

Entity Name: FINE FIELDS LAWN CARE INC.

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 JOHNS CREEK PARKWAY ST. AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** 550 JOHNS CREEK PARKWAY ST. AUGUSTINE, FL 32092 FEI Number: 55-0902252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINEFIELD, THOMAS 550 JOHNS CREEK PARKWAY ST. AUGUSTINE, FL 32092 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FINEFIELD, RHONDA Name: Name: 550 JOHNS CREEK PARKWAY Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: VP/D Title: () Change () Addition () Delete Name: FINEFIELD, THOMAS Name: 550 JOHNS CREEK PARKWAY Address: Address: ST. AUGUSTINE, FL 32092 City-St-Zip: City-St-Zip: () Delete Title: Title: T/S () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS E. FINEFIELD VP 01/05/2008