

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000096068

Entity Name: FINE FIELDS LAWN CARE INC.

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

### **Current Principal Place of Business:**

550 JOHNS CREEK PARKWAY  
ST. AUGUSTINE, FL 32092

### **New Principal Place of Business:**

361 SCRUB JAY DR  
ST. AUGUSTINE, FL 32092

### **Current Mailing Address:**

550 JOHNS CREEK PARKWAY  
ST. AUGUSTINE, FL 32092

### **New Mailing Address:**

FEI Number: 55-0902252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

### **Name and Address of Current Registered Agent:**

FINEFIELD, THOMAS  
550 JOHNS CREEK PARKWAY  
ST. AUGUSTINE, FL 32092      US

### **Name and Address of New Registered Agent:**

FINEFIELD, MELAINE  
361 SCRUB JAY DR  
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: MELAINE FINEFIELD

04/21/2010

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: P/D  
Name: FINEFIELD, MELAINE  
Address: 361 SCRUB JAY DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP/D  
Name: FINEFIELD, CHRISTOPHER  
Address: 361 SCRUB JAY DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T/S  
Name: FINEFIELD, CHRISTOPHER  
Address: 361 SCRUB JAY DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: MELAINE FINEFIELD

P/D

04/21/2010

Electronic Signature of Signing Officer or Director

Date