


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90010 041 ***150.00

DOCUMENT # P07000056239	
1. Entity Name FAIRFIELD CONSULTING ASSOCIATES, INC.	

Principal Place of Business 1516 PELICAN COVE RD GR145 SARASOTA, FL 34231	Mailing Address 1516 PELICAN COVE RD GR145 SARASOTA, FL 34231
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2. Principal Place of Business - No P.O. Box # 505 SOUTH ORANGE AVE	3. Mailing Address 505 SOUTH ORANGE AVE
Suite, Apt. #, etc. APT 302	Suite, Apt. #, etc. APT 302
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34236	Country
Country	Zip 34236

40012184



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 06-0793950		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIRTZMAN, SIDNEY 1516 PELICAN COVE RD GR145 SARASOTA, FL 34231		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH ORANGE AVE # 302 City SARASOTA FL Zip Code 34236		

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 *Sidney Lirtzman* **SIDNEY LIRTZMAN** 1/25/08
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIRTZMAN, SIDNEY 1516 PELICAN COVE RD GR145 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIRTZMAN SIDNEY 505 SOUTH ORANGE AVE # 302 SARASOTA FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sidney Lirtzman* **SIDNEY LIRTZMAN** 1/25/08 941-951-1639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone