


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90080 044 ***150.00

DOCUMENT # P23819
 1. Entity Name
INDEPENDENT FIELD SERVICES, INC.



Principal Place of Business Mailing Address
BOX 20172 **BOX 20172**
BOWLING GREEN, KY 42102-3172 **BOWLING GREEN, KY 42102-3172**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 20172 **P.O. BOX 20172**

01052004 Chg-P CR2E034 (10/03)

City & State
BOWLING GREEN, Ky **BOWLING GREEN, Ky**

4. FEI Number Applied For
61-1128841 Not Applicable

Zip Country
42102-6172 **42102-6172**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
YORK, CHARLES E JR
5440 NW 33RD AVE STE 110
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TVD Delete
 NAME **YORK, CHARLES**
 STREET ADDRESS **1101 NW 52ND ST SUITE 4**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE TVD Change Addition
 NAME **YORK, CHARLES**
 STREET ADDRESS **5440 NW 33RD AVE STE 110**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE PDD Delete
 NAME **WISEMAN, PHIL B.**
 STREET ADDRESS **1045-B LOVERS LANE**
 CITY-ST-ZIP **BOWLING GREEN, KY**

TITLE PDD Change Addition
 NAME **WISEMAN, PHIL B.**
 STREET ADDRESS **946 SEARCY WAY**
 CITY-ST-ZIP **BOWLING GREEN, Ky. 42103**

TITLE SVD Delete
 NAME **EDWARDS, LEONARD**
 STREET ADDRESS **1045-B LOVERS LANE**
 CITY-ST-ZIP **BOWLING GREEN, KY.**

TITLE SVD Change Addition
 NAME **EDWARDS, LEONARD**
 STREET ADDRESS **946 SEARCY WAY**
 CITY-ST-ZIP **BOWLING GREEN, Ky. 42103**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby 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 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  **LEONARD EDWARDS** 1-5-04 270-781-6636
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #