

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P23819

1. Entity Name
INDEPENDENT FIELD SERVICES, INC.



Principal Place of Business
**P.O. BOX 20172
BOWLING GREEN, KY 42102-6172**

Mailing Address
**P.O. BOX 20172
BOWLING GREEN, KY 42102-6172**



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1128841

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TVD
NAME	YORK, CHARLES
STREET ADDRESS	5440 NW 33RD AVE STE 110
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	PDD
NAME	WISEMAN, PHIL B.
STREET ADDRESS	946 SEAREY WAY
CITY-ST-ZIP	BOWLING GREEN, KY 42103
TITLE	SVD
NAME	EDWARDS, LEONARD
STREET ADDRESS	946 SEAREY WAY
CITY-ST-ZIP	BOWLING GREEN, KY 42103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/05-80046-009 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3R/VP 3-28-05 270-781-6036

Date

Daytime Phone #