

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059199

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** DEVOE FIELDS ENTERPRISES, INC.

**Current Principal Place of Business:**

101 NW ANDRA DAVIS ST  
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1483  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**FEI Number:** 59-3193250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELDS, MAE DEVOE  
101 NW ANDRA DAVIS STREET  
LIVE OAK, FL 32064 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** FIELDS, MAE DEVOE  
**Address:** 101 NW ANDRA DAVIS ST  
**City-St-Zip:** LIVE OAK, FL 32064

**Title:** DV  
**Name:** FIELDS, CLYDE LEE  
**Address:** 11303 168TH ST  
**City-St-Zip:** MCALPIN, FL 32062

**Title:** DS  
**Name:** FIELDS, MACY L  
**Address:** 11303 168TH ST  
**City-St-Zip:** MCALPIN, FL 32062

**Title:** DAS  
**Name:** BAKER, DONNA M  
**Address:** 12 CROSSINGS BLVD  
**City-St-Zip:** BLUFFTON, SC 29910 US

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:** MAE DEVOE FIELDS

PRES

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date