

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State


01-20-2004 90070 036 ***150.00

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1. Entity Name
J.M. FIELD MARKETING, INC.



Principal Place of Business Mailing Address

901 NW 5TH AVE 901 NW 5TH AVE
 FORT LAUDERDALE, FL 33311-7220 US FORT LAUDERDALE, FL 33311-7220 US

2. Principal Place of Business 3. Mailing Address

3570 NW 53 CT. **3570 NW 53 CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State City & State

FT. LAUDERDALE, FL **FT. LAUDERDALE, FL**

Zip Country Zip Country

33309-6329 **US** **33309-6329** **US**

4. FEI Number Applied For

65-0427971 Not Applicable

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

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6. Name and Address of Current Registered Agent

FIELD, JACK M
1220 S.E. 1ST AVE.
POMPANO BEACH, FL 33060

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: *Jack M. Field* **JACK M. FIELD, PRESIDENT** **1/14/04**

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, 2004 Fee will be \$550.00

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

 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, JACK M	NAME	
STREET ADDRESS	901 NW 5TH AVEN	STREET ADDRESS	3570 NW 53 CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	FT. LAUDERDALE, FL 33309-6329
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jack M. Field* **JACK M. FIELD, PRESIDENT** **1/14/04** **954-523-1957**

Signature and typed or printed name of signing officer or director Date Daytime Phone #