2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035518

Entity Name: G.M. FIELDS, INC.

FILED Mar 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11345 SW MEADOWLARK CIRCLE STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 11345 SW MEADOWLARK CIRCLE STUART, FL 34997 FEI Number: 59-3244675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, JOHN E 11345 SW MEADOWLARK CIRCLE STUART, FL 34997 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 Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BENNETT, JOHN B Name: Name: BENNETT, JOHN E 11345 SW MEADOWLARK CIRCLE 11345 SW MEADOWLARK CIRCLE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: DP Title: DΡ () Delete (X) Change () Addition Name: FIELDS, GERRIE Name: FIELDS, GERALDINE M RT 8 BX 465L 120 N.W. PALMETTO BOULEVARD Address: Address: PALM BAY, FL 32907 LAKE CITY, FL 32055 City-St-Zip: City-St-Zip: Title:) Delete Title: D (X) Change () Addition FIELDS, JOE FIELDS, JOE M Name: Name: Address:

FIELDS, JOE Name: FIELDS, JOE M
431 NEPTUNE DRIVE Address: 431 NEPTUNE DRIVE
PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907

Title: D () Delete Title: D (X) Change () Addition

Name:FIELDS, SUZANNEName:FIELDS, MARJORIE SAddress:MCFARLAND AVENUEAddress:MCFARLAND AVENUECity-St-Zip:LAKE CITY, FL 32055City-St-Zip:LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN E. BENNETT D 03/15/2004