


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P94000041182 |  |
| 1. Entity Name FIELDS PLUMBING SERVICE, INC. | |

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|---|---|
| Principal Place of Business 9452 SUN ISLE DR, NE ST PETERSBURG, FL 33702 US | Mailing Address 9452 SUN ISLE DR, NE ST PETERSBURG, FL 33702 US |
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 59-3251423 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

FIELDS, STEVEN L
9452 SUN ISLE DR, NE
ST PETERSBURG, FL 33702

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000821640
02/19/08-80034-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FIELDS, DIANE C 9452 SUN ISLE DR, NE ST. PETERSBURG, FL 33702 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FIELDS, STEVEN L 9452 SUN ISLE DR, NE ST. PETERSBURG, FL 33702 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ST. F. **2-9-08** **7275798807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #