


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000056068</b> 1. Entity Name CREATIVE FIELDS, INC.	
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Principal Place of Business 1624 STORINGTON AVENUE TAMPA, FL 33511 US	Mailing Address P O BOX 320668 TAMPA, FL 33679 US
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03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3328904	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HESSEMER, ERIC  
1624 STORINGTON AVENUE  
BRANDON, FL 33511

**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 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

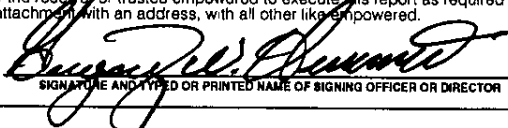
U000000914431  
05/08/08-80056-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSEMER, CHARLES 3200 WEST FIELDER STREET TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSEMER, GREGORY 3613 HORATIO STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HESSEMER, ERIC 1624 STORINGTON AVE. TAMPA, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**  **Gregory Hessemer** 04/18/08 813 870-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone