2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P98000101630

1. Entity Name STEVE FIELDS COMPANIES, INC.

Principal Place of Business

Mailing Address

203 PEREGRINE DR. INDIALANTIC, FL 32903 553 27TH AVE S VERO BEACH, FL 32968 FILED
Feb 27, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01092004 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3545624 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FIELDS, STEVE 203 PEREGRINE DR. INDIALANTIC, FL 32903

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1/15/04 PATRICIA J. Conningham

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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 Sgnature, typoid or printed name of registered agent and life if applicable. (NOTE Registered A				required when renstating)	QATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	000000069461 03/01/04-80013-009 150.00
16.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIELDS, STEVE 203 PEREGRINE DR. INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUNNINGHAM, PATRICIA J 203 PEREGRINE DR INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY ST ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AEDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this lifting 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 chapted, or on an attachment with an address, with all other life employeered.					