2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076593

WRIGHT, DANIEL

101 JAMES WILLIAMS ROAD

NEWBERRY, SC 29108

Name:

Address:

City-St-Zip:

FILED Apr 01, 2004 Secretary of State

Entity Nai	me: FIELD-S	FREAM ENTERPRISES INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	DBURY PINES D, FL 32828	CIRCLE			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
	DBURY PINES), FL 32828	CIRCLE			
FEI Number	: 59-3594840	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:	
WRIGHT, ANTHONY 250 WOODBURY PINES CIRCLE ORLANDO, FL 32823			WRIGHT, ANTHONY 250 WOODBURY PINE ORLANDO, FL 32828	250 WOÓDBURY PINES CIRCLE	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/01/2004	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WRIGHT, ANTH	RY PINES CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WRIGHT, KRIS	RY PINES CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (WRIGHT, WAR 4927 BIG HOR ORLANDO, FL	N ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WRIGHT, RALI	PPHIRE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CP () Delete	Title:	()Change()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KRISTIN WRIGHT VΡ 04/01/2004