

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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| DOCUMENT # S37518 |  |
| 1. Entity Name JOHN W. FIELD, P.A. | |

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| Principal Place of Business 12 MARKHAOX A UNIT 118C DEERFIELD BEACH FL 33442 US | Mailing Address 461 E. HILLSBORO BLVD SUITE 100 DEERFIELD BEACH FL 33441 US |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

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| 4. FEI Number 65-0250363 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FIELD, JOHN W. 12 MARKHAM A DEERFIELD BEACH FL 33442 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | DATE (NOTE: Registered Agent signature required when reinstating) |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE PST</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME FIELD, JOHN W</td> <td></td> </tr> <tr> <td>STREET ADDRESS 12 MARKHAM A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP DEERFIELD BEACH FL 33442</td> <td></td> </tr> </table> | TITLE PST | <input type="checkbox"/> Delete | NAME FIELD, JOHN W | | STREET ADDRESS 12 MARKHAM A | | CITY - ST - ZIP DEERFIELD BEACH FL 33442 | | <table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY - ST - ZIP | |
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. FIELD

2/3/05

Date

Daytime Phone #