


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 002 ***558.75

DOCUMENT # P02000083228

1. Entity Name
FENCEMENT PARTNERS, INC.



Principal Place of Business Mailing Address

8811 SR 52 **12824 LAKE TREE LANE**
STE. 28 **HUDSON, FL 34667 US**
HUDSON, FL 34667 US

2. Principal Place of Business 3. Mailing Address

12824 LAKE TREE Lane

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Hudson, Florida

Zip Country Zip Country

34669 PASCO



07212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

VESPER, DALE E
12824 LAKE TREE LANE
HUDSON, FL 34667

4. FEI Number Applied For

01-0740574 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **DALE E VESPER** *Dale E Vesper* **7-26-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VESPER, DALE E	
STREET ADDRESS	12824 LAKE TREE LN	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	S	<input type="checkbox"/> Delete
NAME	VESPER, DALE E	
STREET ADDRESS	12824 LAKE TREE LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	T	<input type="checkbox"/> Delete
NAME	VESPER, DALE E	
STREET ADDRESS	12824 LAKE TREE LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	VESPER, DALE E	
STREET ADDRESS	12824 LAKE TREE LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dale E Vesper* **DALE E VESPER** **7-26-06 727-919-5961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #