## . 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000082836**

I. Entity Name

EARLEY & AL'S FENCING AND RAILS CORP.



Principal Place of Business

Mailing Address

329 WOODBINE ST. JACKSONVILLE, FL 32206 327 329 WOODBINE ST. IACKSONVILLE, FL 32206

9/6/2007-90012-035-\$150.00-\$150.00

FILED

07 SEP 24 PM 4: 14

DEUNETARY OF STATE TALLAHASSEE, FLORIDA



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08232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 90-0128098 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

STEWARD, ALBERT 3905 BENTGRASS RD. JACKSONVILLE, FL 32210

## 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 e	ccept
the obligations of registered agent.		

SIGNATURE

Signeture, typed or printed name of registered agent and title 11 apparatus

(NOTE: Registered Agent signature required when reinstaling

30-0)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b) F.S. the standard corporation did not receive the prior notice sures.

OFFICERS AND DIRECTORS 10. TITLE CEOR STEWARD, ALBERT E NAME STREET ADDRESS 3905 BENTGRASS RD. JACKSONVILLE, FL 32210 CITY-ST-20P MLE STEWARD, CHOICE A MAME 3905 BENTGRASS RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 ST TITEF STEWARD, ERICA 3905 BENTGRASS RD. STREET ADDRESS CMY-ST-ZIP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

DO NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

CICMATIDE

NAME STREET ADDRESS CITY-ST-ZIP