

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90149 021 ***150.00

DOCUMENT # P03000097791

1. Entity Name
 RELIABLE FENCE, LAND CLEARING AND HAULING, INC.



Principal Place of Business
 539 NE CANDY LANE
 MAYO, FL 32066

Mailing Address
 PO BOX 583
 MAYO, FL 32066

24069230



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 54-2128428 Not Applicable

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

6. Name and Address of Current Registered Agent

PEARSON, TOMMY
 539 NE CANDY LANE
 MAYO, FL 32066

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
 P PEARSON, TROY M
 STREET ADDRESS PO BOX 539 NE CANDY LANE
 CITY-ST-ZIP MAYO, FL 32066

TITLE NAME Change Addition
 PEARSON Tommy
 STREET ADDRESS 539 NE CANDY LANE
 CITY-ST-ZIP MAYO FL 32066

TITLE NAME Delete
 V PEARSON, TINNT
 STREET ADDRESS PO BOX 539 NE CANDY LANE
 CITY-ST-ZIP MAYO, FL 32066

TITLE NAME Change Addition
 PEARSON Tommy
 STREET ADDRESS 539 NE CANDY LANE
 CITY-ST-ZIP MAYO FL 32066

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: Tommy Pearson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
 Date Daytime Phone #