


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 15, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000097791
1. Entity Name
RELIABLE FENCE, LAND CLEARING AND HAULING, INC.



Principal Place of Business Mailing Address
539 NE CANDY LANE PO BOX 583
MAYO, FL 32066 MAYO, FL 32066



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
54-2128428 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PEARSON, TOMMY
539 NE CANDY LANE
MAYO, FL 32066

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 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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03/24/06-80041-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report 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: Tommy Pearson Date _____ Current Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR