

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101035

Entity Name: RELIABLE FENCING, INC.

FILED
Jan 16, 2005
Secretary of State

Current Principal Place of Business:

16204 BOYETTE RD
RIVERVIEW, FL 335696541

New Principal Place of Business:

Current Mailing Address:

16204 BOYETTE RD
RIVERVIEW, FL 335696541

New Mailing Address:

FEI Number: 20-0255155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDFORD, DARRELL TODD
16204 BOYETTE RD
RIVERVIEW, FL 335696541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEDFORD, MELISSA A
Address: 16204 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 335696541

Title: ST () Delete
Name: BEDFORD, DARRELL TODD
Address: 16204 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 335696541

Title: D () Delete
Name: SIMMONS, MICHAEL D
Address: 3415 N 54TH STREET #B
City-St-Zip: TAMPS, FL 33619

Title: D () Delete
Name: THOMAS, ROWAN H
Address: 2306 EAST 9TH AVENUE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA A BEDFORD

P

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date