

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1622

FILED

04 OCT 20 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000144301

1. Entity Name
THE FENCE MEN, INC.

Principal Place of Business
**1142 PRECISION ST
HOLIDAY FL 34691**

Mailing Address
**1142 PRECISION ST
HOLIDAY FL 34691**

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**

Suite, Apt. #, etc. **---** Suite, Apt. #, etc. **---**

City & State **SAME** City & State **SAME**

Zip **34691** Country **PASCO** Zip **34691** Country **PASCO**

4. FEI Number **30-0240023**

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

4/26/04 91055-016-15875

6. Name and Address of Current Registered Agent
**OVERMYER, LEROY
1142 PRECISION ST
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent
NO NEW REGISTERED AGENT

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 **N/A** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

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 P	NAME OVERMYER, LEROY	TITLE	NAME
STREET ADDRESS 1142 PRECISION ST	CITY- ST- ZIP HOLIDAY FL 34691	STREET ADDRESS	CITY- ST- ZIP
TITLE VP	NAME OVERMYER, LEE	TITLE	NAME
STREET ADDRESS 1153 PRECISION ST	CITY- ST- ZIP HOLIDAY FL 34691	STREET ADDRESS	CITY- ST- ZIP
TITLE S	NAME OVERMYER, TRACY	TITLE	NAME
STREET ADDRESS 1142 PRECISION ST	CITY- ST- ZIP HOLIDAY FL 34691	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP

REINSTATEMENT

[Handwritten Signature]

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 an other line empowered.

SIGNATURE: *[Handwritten Signature]* DATE: **4-15-04** DELETED PHONE # **727-938-7246**



ATTENTION: Michelle

Vol 2

FROM: The Fence Men, Inc.

DOC# PO3000144301

I am writing to tell you I have completed my annual report. I mailed it and re-faxed it. I had a correction to take care of on MAY 4. Your records did not indicate ^{receiving} these updates.

Please waive any penalty fees.
Thank you

Jim Dumas
OWNER

10-19-04

FAX TO
850-245-6007