


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90016 048 \*\*\*150.00

**DOCUMENT # P04000060277**

1. Entity Name  
**AJAX FENCE, INC**



Principal Place of Business  
**9117 JACK UNDERWOOD ROAD  
 CLERMONT, FL 34711 US**

Mailing Address  
**9117 JACK UNDERWOOD ROAD  
 CLERMONT, FL 34711 US**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04262005 Chg-P CR2E034 (10/03)

4. FEI Number **770631773**  Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**FRAZIER, BART L**  
**9117 JACK UNDERWOOD ROAD  
 CLERMONT, FL 34711**

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 renewing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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                        | <input type="checkbox"/> Delete |
| NAME           | FRAZIER, BART L          |                                 |
| STREET ADDRESS | 9117 JACK UNDERWOOD ROAD |                                 |
| CITY-ST-ZIP    | CLERMONT, FL 34711       |                                 |
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | FRAZIER, BEN E           |                                 |
| STREET ADDRESS | 9117 JACK UNDERWOOD ROAD |                                 |
| CITY-ST-ZIP    | CLERMONT, FL 34711       |                                 |
| TITLE          | TREA                     | <input type="checkbox"/> Delete |
| NAME           | FRAZIER, BLAKE E         |                                 |
| STREET ADDRESS | 9117 JACK UNDERWOOD ROAD |                                 |
| CITY-ST-ZIP    | CLERMONT, FL 34711       |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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:  **5/12/05** **352-394-3820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #