## 2006 FOR PROFIT CORPORATION

## Mar 22, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P05000035075** 03-22-2006 90009 009 \*\*\*150.00 1. Entity Name MATTHEW L MAGES FENCING, INC. Principal Place of Business Mailing Address 7001 SILVERWOOD DRIVE 7001 SILVERWOOD DRIVE **NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 CR2E034 (11/05) Chg-P 4. FEI Number City & State Applied For City & State 20-2483262 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALE, FRED H Street Address (P.O. Box Number is Not Acceptable) 5650 PARK BLVD. STE 1 PINEPPAS PARK, FL 33781-3354 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAGES, MATTHEW L NAME NAME STREET ADDRESS STREET ADDRESS 7001 SILVERWOOD DRIVE NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

MATTHEW L. MAGES ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED