## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P05000111000 1. Entity Name 04-16-2007 90329 050 \*\*\*150.00 BEST BUILT FENCE, INC. Mailing Address Principal Place of Business 147 DARBY DRIVE P 0 BOX 555 INTERLACHEN, FL 32148 HOLLISTER, FL 32147 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 249 Elm 249 Elmst Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State HAWADONE FL 4A WTHOLDE 11-3756425 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ USA Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Matthews MATTHEWS, MITCHELL L Street Address (P.O. Box Number is Not Acceptable) 147 DABY DRIVE HOLLISTER, FL 32147 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 familial the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Р TITLE ☐ Addition TITLE Delete mathews Mitchell Mat 849 Elm St MATTHEWS, MITCHELL L NAME NAME 147 DARBY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLISTER, FL 32147 CITY-ST-ZIP A W THORA **VPS** ☐ Delete TITLE Addition TITLE Billwilson WILSON, BILL NAME NAME 249 Elm St HANTHORNEE 32640 STREET ADDRESS 147 DARBY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLISTER, FL 32147 ☐ Delete ☐ Change Addition TITLE TITLE Sec. NAME NAME Bill W.150n JR. STREET ADDRESS STREET ADDRESS 249 Elm St CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED