2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State					
DOCUMENT # P06000012713 1. Entity Name 3-D FENCING & CONCRETE, INC									_	8 012 ***15		
Principal Place			Mailing Address		Test	טטד	00001					
501 NORTH CHARLESTON FT. MEADE, FL 33841			501 NORTH CHARLESTON FT. MEADE, FL 33841				t 1881/88t 111	Adira diin Adiri I	Sein een Serel ha	rie wen iven ived mete	(188) II 18 3 1	
2. Principal Pl	lace of Busine	ss - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03212008	Chg-P	CR	2E034 (12/06)		
City & State			City & State				4. FEI Number Applied For 20-4524412 Not Applicable					
Zip		Country	Zip	Cour	ntry		5. Certificate	of Status Des	sired 🔲	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of	New Register	ed Agent		
TEW, JAMIE 6197 PINETREE DRIVE FT MEADE, FL 33841					Name Street Address (P.O. Box Number is Not Acceptable)							
T T WILL ADD	_, 1 1. 0004	•			City					Zip Cod		
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.						register	ed agent, or bot	h, in the Stat	•	┌┗╸┆		
the obligati SIGNATURE	xam.	red agent. Light String of registered agent	ed Agent signati	ura required	when reinstating)		4	21/08				
	E NOW!!!	FEE IS \$150.00 Fee will be \$550.	9. Election	Campaign Finand Contribution		\$5 . Add	.00 May Be ed to Fees					
10.		OFFICERS AND		11.		10/0	ADDITIONS/	CHANGES T	O OFFICERS	AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	517 NORT	, FRANK JAMES H SEMINOLE E, FL 33841	☐ Dele	NAI Stf		1809	npsey, From E. Brown Meade	adwa	ames -4 -33841	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS	6172 PINE	, DEANNA WOOD DR.	□ Dele	NAJ Str		7 P	nosey 1	Peanr		∠ X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S TEW, JAM 6197 PINE	E, FL 33841 IE TREE DRIVE E, FL 33841	☐ Dele	ile Titt NAI Str	LE	FOR	TUELL	Ke. K.	33841	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dele	NA Sti						☐ Change	∏ Addilioπ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deta	NA Str	LE ME REET ADDRESS 'Y-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Dele	na Sti	LE ME REET ADORESS TY-ST-ZIP					☐ Change	[] Addition	

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.

SIGNATURE

SIGNATURE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTO

421-08

863-285-568