

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07054

FILED
Jan 07, 2008
Secretary of State

Entity Name: BAY AREA FENCE FACTORY, INC.

Current Principal Place of Business:

925 HARBOR LAKE CT
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

925 HARBORLAKE CTY
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-3104466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, DIANE A
925 HARBORLAKE COURT
SAFETY HARGOR, FL 34695 US

Name and Address of New Registered Agent:

COTE, DIANE A
925 HARBORLAKE COURT
SAFETY HARGOR, FL 34695 US

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.

SIGNATURE: DIANE COTE

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: HUDSON, DIANE A
Address: 1505 CALAMONDIN LANE
City-St-Zip: CLEARWATER, FL 33759

Title: T () Delete
Name: COTE, JOHN R
Address: 1505 CALAMONDIN LANE
City-St-Zip: CLEARWATER, FL 33759

Title: V () Delete
Name: ABEL, CRAIG L
Address: 1066 3RD ST N
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: COTE, DIANE A
Address: 1505 CALAMONDIN LANE
City-St-Zip: CLEARWATER, FL 33759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ABEL, CRAIG L
Address: 1593 BAYSHORE BLVD.
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE COTE

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date