2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

				¬ FILED	
DOCUMENT # P03000082836 1. Entity Name				May 02, 2005 08:00 AM Secretary of State	
EARLEY	& AL'S FENCING AND RAII	_S CORP.		Secretary of State	•
Principal Plac	e of Business	Mailing Address	\$1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	-	
329 WOODBINE ST. JACKSONVILLE FL 32206		329 WOODBINE ST.			
JACKSONV	ILLE FL 32206	JACKSONVILLE FL 322			
6 5 1 11 15	No.	0 Mail2 - A Jahren			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		1 00 0130000 ==:	Applied For Not Applicat
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Requi	dditional
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent	-· -
0.7.5	14/4 DD 4/ DDDT		Name		
STEWARD, ALBERT 3905 BENTGRASS RD.			Street Address (P.O. Box Number is Not Acceptable)		
JAC	KSONVILLE FL 32210				
			City	FL Zip Co	ode
		or the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Fiorida. I am familiar wit	h, and accie
the obligat	ions of registered agent.			-	
SIGNATURE.	Signature, typed or printed name of registored agen	t and title if applicable (NOTE	Registered Agent signature requir	ed when regristating?	
·	ILE NOW!!! FEE IS \$150.00				^
After	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of				5.00 May E ided to Fees
10.	OFFICERS AND		I 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	N 11
TITLE	CEOB	☐ Delete	TITLE	☐ Change	
NAME	STEWARD, ALBERT E		NAME	Unnonn3528n4	
STREET ADDRESS CITY+ST-ZIP	3905 BENTGRASS RD. JACKSONVILLE FL 32210		CHY-SI-ZIP)O
IIILE	VP	☐ Delete	TITLE	Change	e Élâdore
NAME	STEWARD, CHOICE A	□ Micie	NAME	Onmig.	
STREET ADDRESS	3905 BENTGRASS RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE NAME	STEWARD, ERICA	☐ Delete	TITLE	☐ Change	9
STREET ADDRESS	3905 BENTGRASS RD.		SIREEI ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-S1-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Adic "
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Change	3 □ A.
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST-ZIP		·	CITY-ST-ZIP		
HILE NAME		☐ Delete	TITLE NAME	☐ Change	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12 Tharehur	partify that the information supplied with	h this filing does not qualify for t	the everytion stated in S	Section 119 07/3/(i) Florida Statutes further certify that the	. Information

2. I hereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ASGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 355-333