


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000082836


1. Entity Name
EARLEY & AL'S FENCING AND RAILS CORP.



Principal Place of Business **327 323 WOODBINE ST. JACKSONVILLE, FL 32206**

Mailing Address **327 323 WOODBINE ST. JACKSONVILLE, FL 32206**

DO NOT WRITE IN THIS SPACE



08032006 No Chg-P CR2E034 (11/05)

4. FEI Number **90-0128098** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWARD, ALBERT
3905 BENTGRASS RD.
JACKSONVILLE, FL 32210

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000576471
 09/07/06 80000-002 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOB
NAME	STEWARD, ALBERT E
STREET ADDRESS	3905 BENTGRASS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VP
NAME	STEWARD, CHOICE A
STREET ADDRESS	3905 BENTGRASS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	ST
NAME	STEWARD, ERICA
STREET ADDRESS	3905 BENTGRASS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **9-6-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #