

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

02-18-2004 90002 030 ***150.00
 07-29-2004 90014 008 ***550.00

DOCUMENT # 476510

1. Entity Name
BIG JOHN FENCE CO., INC.



Principal Place of Business: **5066 LUCILLE DR JACKSONVILLE FL 32205**
 Mailing Address: **5066 LUCILLE DR JACKSONVILLE FL 32254 US**



MOORE CR2E034 (4/04)

2. Principal Place of Business
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

3. Mailing Address
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

4. FEI Number **59-1602956**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, JOHN RONALD
2335 #202
COSTA VERDE BLVD
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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 *John Ronald Davis*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, PATRICIA F	
STREET ADDRESS	3546 WESTWOOD STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN RONALD	
STREET ADDRESS	3546 WESTWOOD STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUTTON, MICHAEL LEE	
STREET ADDRESS	3547 HYACINTH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL W	
STREET ADDRESS	5074 LUCILLE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Davis, John Ronald</i>	
STREET ADDRESS	<i>2335 #202 Costa Verde Blvd</i>	
CITY-ST-ZIP	<i>JACKSONVILLE BEACH, FL 32250</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: *Patricia F. Davis - Patricia F. Davis* 7/26/04 (904) 591-1602
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #