


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90002 019 ***150.00

DOCUMENT # 491524 1. Entity Name AAA FENCE COMPANY OF DAYTONA BEACH, INC.	
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Principal Place of Business 801 ORANGE AVENUE DAYTONA BEACH, FL 32114	Mailing Address 801 ORANGE AVENUE DAYTONA BEACH, FL 32114
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54014683

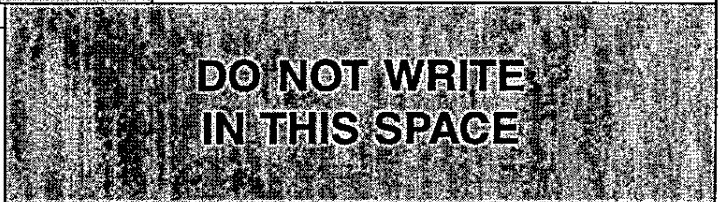


02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1633702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, WILLIAM C JR
801 ORANGE AVE.
DAYTONA BCH, FL 32114



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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MORRISON, JR, WILLIAM G 801 ORANGE AVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, WILLIAM G. III 801 ORANGE AVE DAYTONA BEACH, FL 32014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, JOAN W. 801 ORANGE AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *Joan W. Willems*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/27/04* Daytime Phone #: *386-253-4212*