

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90037 009 ***150.00

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01272004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2201638 Applied For Not Applicable

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

DOCUMENT # F99000006716

1. Entity Name
NATIONS FENCE, INC.



Principal Place of Business
6001 CINDERLANE PARKWAY
ORLANDO, FL 32810

Mailing Address
6001 CINDERLANE PARKWAY
ORLANDO, FL 32810

2. Principal Place of Business
4014 Gunn Highway
Suite, Apt. #, etc.
Suite 125

3. Mailing Address
4014 Gunn Highway
Suite, Apt. #, etc.
Suite 125

City & State
Tampa, FL

City & State
Tampa, FL

Zip 33618 Country Hillsborough

Zip 33618 Country Hillsborough

6. Name and Address of Current Registered Agent

PREVATT, MICHAEL
6001 CINDERLANE PKWY.
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4014 Gunn Highway Suite 125

City Tampa

FL

Zip Code 33618

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

Michael L. Prevatt

Michael L. Prevatt / CEO

1/27/04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LECK, P J	
STREET ADDRESS	601 NORTH ASHLEY DRIVE, STE. 500	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PREVATT, MICHAEL	
STREET ADDRESS	6001 CINDERLANE PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	WONG, FELIX J	
STREET ADDRESS	601 NORTH ASHLEY DRIVE, SUITE 500	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANZ, PETER B	
STREET ADDRESS	601 NORTH ASHLEY DRIVE, SUITE 500	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRTLEY, JOHN F	
STREET ADDRESS	601 NORTH ASHLEY DRIVE, SUITE 500	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASON, LARRY	
STREET ADDRESS	8001 CINDERLANE PKWY.	
CITY-ST-ZIP	ORLANDO, FL 32810	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Michael L. Prevatt Michael L. Prevatt CEO

Date

1/27/04 813-969-2112

Daytime Phone #