


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90201 005 \*\*\*158.75

<b>DOCUMENT # F99000006716</b>	
1. Entity Name <b>NATIONS FENCE, INC.</b>	

Principal Place of Business <b>4014 GUNN HWY. STE. 125 ORLANDO, FL 32810</b>	Mailing Address <b>4014 GUNN HWY STE. 125 ORLANDO, FL 32810</b>
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14005146



2. Principal Place of Business <b>4014 Gunn Highway Suite, Apt. #, etc. Suite 125 City &amp; State Tampa, FL Zip 33618</b>	3. Mailing Address <b>4014 Gunn Highway Suite, Apt. #, etc. Suite 125 City &amp; State Tampa, FL Zip 33618</b>
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03302005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>PREVATT, MICHAEL 4014 GUNN HWY. SUITE 125 ORLANDO, FL 32810</b>	
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7. Name and Address of New Registered Agent Name <b>Lisa C Guertin</b> Street Address (P.O. Box Number is Not Acceptable) <b>4014 Gunn Highway, Suite 125</b> City <b>Tampa</b> FL Zip Code <b>33618</b>	
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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 *Lisa C Guertin* **Lisa C. Guertin, Controller** **3/30/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when first listing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO-Interim Barry Korthuis 4014 Gunn Hwy, Suite 125 Tampa, FL 33618</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barry Korthuis* **Barry Korthuis** **3/30/05** **813-969-2112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #