2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006716

FILED
Apr 05, 2006
Secretary of State

Entity Name: NATIONS FENCE, INC.

Current Principal Place of Business:

4014 GUNN HWY.
SUITE 125
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4014 GUNN HWY.
SUITE 125
TAMPA, FL 33618

New Mailing Address:

FEI Number: 52-2201638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUERTIN, LISA C
4014 GUNN HWY.
SUITE 125
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LECK, P J	
Address:	601 NORTH ASHLEY DRIVE, STE. 500	
City-St-Zip:	TAMPA, FL 33602	
Title:	CFO	( ) Delete
Name:	KURTHUIS, BARRY	
Address:	4014 GUNN HWY, STE 125	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	WONG, FELIX J	
Address:	601 NORTH ASHLEY DRIVE, SUITE 500	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	FRANZ, PETER B	
Address:	601 NORTH ASHLEY DRIVE, SUITE 500	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	KIRTLEY, JOHN F	
Address:	601 NORTH ASHLEY DRIVE, SUITE 500	
City-St-Zip:	TAMPA, FL 33602	
Title:	P	( ) Delete
Name:	CASON, LARRY	
Address:	4014 GUNN HWY, STE 125	
City-St-Zip:	TAMPA, FL 33618	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CONT	(X) Change ( ) Addition
Name:	GUERTIN, LISA C	
Address:	4014 GUNN HWY, STE 125	
City-St-Zip:	TAMPA, FL 33618	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA C. GUERTIN CONT 04/05/2006

Electronic Signature of Signing Officer or Director — Date