

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90013 016 ***150.00

DOCUMENT # G23479

1. Entity Name
ACTION FENCE CORP.



Principal Place of Business

**4663 S.W. 45 STREET
DAVIE, FL 33314**

Mailing Address

**4663 S.W. 45 STREET
DAVIE, FL 33314**

10001011



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2263516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEAMAN, LEE G.
4663 S.W. 45 STREET
DAVIE, FL 33314**

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IN THIS SPACE**

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

Lee G Seaman **LEE G SEAMAN** **1-29-07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SEAMAN, LEE G.
STREET ADDRESS	4663 S.W. 45 STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VD
NAME	POLCARI, PATRICK
STREET ADDRESS	4663 SW 45 ST
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100%

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee G Seaman **LEE G. SEAMAN** **1-29-07** **(954) 295-7037**