2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# G36076

Entity Name: ALLIED FENCE CO. OF JACKSONVILLE, INC.

Current Principal Place of Business:

6803 W. BEAVER ST. (32254)
JACKSONVILLE, FL 32254

New Principal Place of Business:

305 NORTH LOMBARDY LOOP
JACKSONVILLE, FL 32259

Current Mailing Address:

P.O. BOX 6891
JACKSONVILLE, FL 322366891

New Mailing Address:

305 NORTH LOMBARDY LOOP
JACKSONVILLE, FL 32259

FEI Number: 59-2305070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINNEY, CHARLES E
305 NORTH LOMBARDY LOOP
JACKSONVILLE, FL 32259 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: P ( ) Delete
Name: MCKINNEY, CHARLES E
Address: 305 NORTH LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 322259

Title: VP ( ) Delete
Name: MCKINNEY, PATRICIA S
Address: 305 NORTH LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete
Name: MCKINNEY, MARGARET L
Address: 305 NORTH LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Delete
Name: VINING, STEPHEN C
Address: 8023 TIMBERMILL ROAD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MCKINNEY, PATRICIA S
Address: 305 NORTH LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 32259

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: CHARLES E MCKINNEY P 04/21/2007
Electronic Signature of Signing Officer or Director — Date