2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G78479

Entity Name: YOUR LOCAL FENCE, INC.

FILED Apr 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1559 P.O. BOX 522382

BIG PINE KEY, FL 33043 US MARATHON SHORES, FL 33052 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1559 P.O. BOX 522382

BIG PINE KEY, FL 33043 US MARATHON SHORES, FL 33052 US

FEI Number: 59-2401496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORMAN, CHARLES M. CHARLES M. MOORMAN 2373 NAPLES ROAD 2373 NAPLES RD

BIG PINE KEY, FL 33043 US BIG PINE KEY, FL 33043 US

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: CHARLES M. MOORMAN 04/08/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: P (X) Change () Addition Name: MOORMAN, CHARLES M., Name: ALDERMAN, MATTHEW R

Address: 2373 NAPLES ROAD Address: P.O. BOX 522382

City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: MARATHON SHORES, FL 33052

 Name:
 MOORMAN, KATHLEEN P
 Name:
 MARR, LENARD T

 Address:
 2373 NAPLES RD.
 Address:
 P.O. BOX 522382

City-St-Zip: BIG PINE KEY, FL 33043 City-St-Zip: MARATHON SHORES, FL 33052

 $\label{eq:title:Title:S/T} \mbox{Title:} \mbox{V} \mbox{ () Delete} \mbox{ Title:} \mbox{S/T} \mbox{(X) Change () Addition}$

 Name:
 SMITH, WAYNE A
 Name:
 MOORMAN, CHARLES M

 Address:
 P.O. BOX 430260
 Address:
 2373 NAPLES RD

 City-St-Zip:
 BIG PINE KEY, FL 33043
 City-St-Zip:
 BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the 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 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 M. MOORMAN S/T 04/08/2005