2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # H86198

1. Entity Name

BURTON FENCE OF PASCO, INC.

Principal Place of Business	Mailing Address
C/O ROBERT L. BURTON 11325 SR. 52 HUDSON FL 34669	C/O ROBERT L. BURTON 11325 SR. 52 HUDSON FL 34669

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-2617794	Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURTON, ELLEN H. 1900-34TH ST. SO ST. PETERBURG FL 33711	Name _ELLEN BURTON_ Street Address (P.O. Box Number is Not Acceptable) _5298 16TH AVE N_ City _ST PETERSBURG_ **FL** Zip Code _34710_

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 _Ellen H Burton_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE _5/1/04_

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BURTON, ELLEN H.		NAME		
STREET ADDRESS	5298-16TH AVE. NO.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BURTON, ROBERT L.		NAME		
STREET ADDRESS	5298-16TH AVE. NO.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _X_____   X 3/30/04   (727) 893-9325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #