

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J07729**

1. Entity Name

FENCE CONNECTION, INC.



Principal Place of Business

10691 N KENDALL DRIVE  
SUITE 302  
MIAMI FL 33176  
US

Mailing Address

P.O. BOX 160429  
MIAMI FL 33116  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2662611

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

LEAMON, WAYNE  
9805 S.W. 123 TERR.  
MIAMI FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PD	<input type="checkbox"/> Delete
NAME	LEAMON, WAYNE	
STREET ADDRESS	9805 SW 123RD TERRACE	
CITY-STATE-ZIP	MIAMI FL 32176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROHRER, MICHAEL	
STREET ADDRESS	10691 N KENDALL DRIVE	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JAVIER, GONZALEZ	
STREET ADDRESS	14536 SXW 110 STREET	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

*Wayne Leamon* WAYNE LEAMON, PRES. 1/31/08 305-279-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #