2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J17155

jpd.ss141150₁0₂... /sjpdpɔʌɐs/...₃o:zɪɐɯɓɪɹɟɔ↾ɐd�

1. Entity Name
FT. WALTON FENCE, INC.

FILED
Jan 20, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
322 SCHNEIDER DR FT. WALTON BEACH, FL 32547 US	322 SCHNEIDER DR FT. WALTON BEACH, FL 32547 US

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2662348	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS, WALTER J.
320 SCHNEIDER DR.
FT. WALTON BEACH, FL 32548

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULLINS, WALTER J.
STREET ADDRESS	320 SCHNEIDER DR.
CITY-ST-ZIP	FT. WALTON BCH, FL

TITLE	V
NAME	MULLINS, JACKIE C
STREET ADDRESS	21 FERRY RD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UNI000186252
01/21/05-80048-022 150.00

DO NOT WRITE IN THIS SPACE

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: *W-J Mullins President*   1/14/05   850-862-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #