

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000020746

1. Entity Name  
SENTRY FENCE, INC.



Principal Place of Business  
660 SILVER CREEK DRIVE  
WINTER SPRINGS, FL 32708

Mailing Address  
660 SILVER CREEK DRIVE  
WINTER SPRINGS, FL 32708

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 17, 2008 8:00 am  
Secretary of State**

01-17-2008 90026 017 \*\*\*150.00



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3713335	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUGLIELMELLO, KEITH  
660 ILVERCREEK DR.  
WINTER SPRINGS, FL 32708

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 GUGLIELMELLO, KEITH L  
STREET ADDRESS 660 SILVER CREEK DRIVE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VS  
NAME GUGLIELMELLO, KATHRYN R  
STREET ADDRESS 660 SILVERCREEK DR.  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kathryn R. Guglielmello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 2008 (407)327-2171  
Date Daytime Phone #