

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 20, 2007 08:00 A  
Secretary of State

DOCUMENT # P01000061383

1. Entity Name  
ST. SEBASTIAN FENCE COMPANY



Principal Place of Business  
540 N HWY 434  
STE 5  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
P.O. BOX 915041  
LONGWOOD, FL 32791



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3728526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINNEY, WAYNE  
1789 MADISON IVY CIR  
APOPKA, FL 32712

**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

*W Kinney*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINNEY, WAYNE E 1789 MADISON IVY CIR APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, DIANNE 1789 MADISON IVY CIR APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80040-018 150.00

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:

*W Kinney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

Date

Daytime Phone #