

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000061383

Entity Name: ST. SEBASTIAN FENCE COMPANY

FILED
Sep 10, 2007
Secretary of State

Current Principal Place of Business:

540 N HWY 434
STE 5
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915041
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 59-3728526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNEY, WAYNE
1789 MADISON IVY CIR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINNEY, WAYNE E
Address: 1789 MADISON IVY CIR
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: GRANT, DIANNE
Address: 1789 MADISON IVY CIR
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR () Change (X) Addition
Name: KINNEY, WAYNE I
Address: 155 E.LAKE BRANTLY DR.
City-St-Zip: LONGWOOD, FL 32791

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE E KINNEY

PRES

09/10/2007

Electronic Signature of Signing Officer or Director

Date