2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061383

City-St-Zip:

Entity Name: ST. SEBASTIAN FENCE COMPANY

FILED Apr 30, 2008 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
540 N HWY 434 STE 5 ALTAMONTE SPRINGS, FL 32714				155 EAST LAKE BRANTLEY DRIVE LONGWOOD, FL 32779		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
P.O. BOX LONGWO	915041 OD, FL 32791					
FEI Number	: 59-3728526	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
KINNEY, V 1789 MAD APOPKA,	ISON IVY CIR	JS	1789 MÁD	GRANT, DIANNE 1789 MADISON IVY CIR APOPKA, FL 32712 US		
	named entity e of Florida.	submits this statement for the	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE: DIANNE	GRANT		04/30/2008		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (KINNEY, WAYI 1789 MADISOI APOPKA, FL 3	NIVY CIR	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (GRANT, DIANN 1789 MADISOI APOPKA, FL 3	NIVY CIR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SECR (KINNEY, WAYI 155 E.LAKE BI LONGWOOD,	RANTLY DR.	Title: Name: Address: City-St-Zip:	GRANT, DIAI	ON IVY CIRCLE	
Title: Name: Address:	() Delete	Title: Name: Address:	MCDOWELL	() Change (X) Addition , RON PALM PLACE	

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.

Address: City-St-Zip:

LONGWOOD, FL 32779

SIGNATURE: DIANNE GRANT VΡ 04/30/2008