2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000061383

MCDOWELL, RON

210 SABAL PALM PLACE

LONGWOOD, FL 32779

Name:

Address:

City-St-Zip:

FILED Jul 23, 2008 Secretary of State

Entity Name: ST. SEBASTIAN FENCE COMPANY **Current Principal Place of Business: New Principal Place of Business:** 155 EAST LAKE BRANTLEY DRIVE LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** P.O. BOX 915041 LONGWOOD, FL 32791 FEI Number: 59-3728526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRANT, DIANNE 1789 MÁDISON IVY CIR APOPKA, FL 32712 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KINNEY, WAYNE E Name: Name: 1789 MADISON IVY CIR Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: GRANT, DIANNE Name: 1789 MADISON IVY CIR Address: Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip: Title: Title: SECR () Delete () Change () Addition GRANT, DIANNE Name: Name: 1789 MADISON IVY CIRCLE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: TREA () Delete Title: TREA (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

JONES, LAWRENCE

ORLANDO, FL 32825

8404 TROUTMAN STREET

VΡ SIGNATURE: DIANNE GRANT 07/23/2008