FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90554 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000029636

1. Entity Name
NMA FENCE, INC.

Principal Place of Business
~~3672 MONTCLAIR DR~~
~~PALM HARBOR, FL 34684~~

Mailing Address
~~3672 MONTCLAIR DR~~
~~PALM HARBOR, FL 34684~~

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2503 Cypress Bend Dr. E	SAME
Suite, Apt. # etc.	Suite, Apt. #, etc. AS
City & State: Clearwater, FL	City & State: #2
Zip: 33761 Country	Zip Country

4. FEI Number: 01-0657119 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLEY, DONNA M
~~3672 MONTCLAIR DR~~
~~PALM HARBOR, FL 34684~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2503 Cypress Bend Dr. E.
City: Clearwater FL Zip Code: 33761

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: X Donna M. Worley 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D NAME: WORLEY, DONNA M STREET ADDRESS: ~~3672 MONTCLAIR DR~~ CITY-ST-ZIP: ~~PALM HARBOR, FL 34684~~	☐ Delete	☑ Change ☐ Addition 2503 Cypress Bend Dr. E Clearwater, FL 33761
TITLE: D NAME: WORLEY, MICHAEL J STREET ADDRESS: ~~3672 MONTCLAIR DR~~ CITY-ST-ZIP: ~~PALM HARBOR, FL 34684~~	☐ Delete	☑ Change ☐ Addition 2503 Cypress Bend Dr. E Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Donna M. Worley Donna M. Worley 4/29/05 727-799-8154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #