

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90136 002 ***150.00

DOCUMENT # P02000038820 1. Entity Name BOUNDARIES & BARRIES FENCE, INC.					
Principal Place of Business 285 COMMONWEALTH BLVD #2 PORT ORANGE, FL 32127			Mailing Address 285 COMMONWEALTH BLVD #2 PORT ORANGE, FL 32127		
2. Principal Place of Business 1858 Queen Palm Dr Suite, Apt. #, etc.		3. Mailing Address 1858 Queen Palm Dr Suite, Apt. #, etc.			
City & State Edgewater FL		City & State Edgewater FL		4. FEI Number 03-0415256	
Zip 32141		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERLIN, DANA A 285 COMMONWEALTH BLVD #2 PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name Dana A Herlin Street Address (P.O. Box Number is Not Acceptable) 1858 Queen Palm Dr City Edgewater FL Zip Code 32141	
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 <u><i>Dana A Herlin</i></u> DATE <u>3-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HERLIN, DANA A 285 COMMONWEALTH BLVD #2 PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1858 Queen Palm Dr Edgewater FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERLIN, DANA A 285 COMMONWEALTH BLVD #2 PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1858 Queen Palm Dr Edgewater FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, MICHAEL 3420 JUNIPER DR EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Dana A Herlin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-7-05</u> Daytime Phone # <u>386 566-4960</u>		