


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 002 ***558.75

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| DOCUMENT # P02000083228 | |  |
| 1. Entity Name FENCEMENT PARTNERS, INC. | | |

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| Principal Place of Business 8811 SR 52 STE. 28 HUDSON, FL 34667 US | Mailing Address 12824 LAKE TREE LANE HUDSON, FL 34667 US |
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| 2. Principal Place of Business 12824 LAKE TREE Lane | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------|------------------|
| City & State Hudson, Florida | City & State |
| Zip 34669 | Country PASCO |



07212006 Chg-P CR2E034 (11/05)

| | | |
|---|--|--|
| 4. FEI Number 01-0740574 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent VESPER, DALE E 12824 LAKE TREE LANE HUDSON, FL 34667 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 DALE E VESPER *Dale E Vesper* 7-26-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VESPER, DALE E 12824 LAKE TREE LN HUDSON, FL 34669 <input 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 | S VESPER, DALE E 12824 LAKE TREE LANE HUDSON, FL 34669 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dale E Vesper* DALE E VESPER 7-26-06 727-919-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #