

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061438

1. Entity Name
RESIDENTIAL FENCE & DECK INC.



Principal Place of Business
P O BOX 7266
TALLAHASSEE, FL 32314

Mailing Address
1140 CARISSA DR
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address
2074 MIDYETTE #511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TALL. FL.

City & State

City & State

32301

Zip

Zip

Country

LEON

01242005 Chg-P CR2E034 (10/03)

4. FEI Number
75-3118196

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KIDD, DEREK WILLIAM
1140 CARISSA DR
TALL, FL 32308

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

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

TITLE CDP Delete
NAME KIDD, DEREK 2074
STREET ADDRESS 1140 CARISSA DR ~~2074 MIDYETTE #511~~
CITY-ST-ZIP TALLAHASSEE, FL 32308 TALL. FL. 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT Change Addition
NAME DONALD JOHN KENNEDY
STREET ADDRESS 2074 MIDYETTE #511
CITY-ST-ZIP TALL. FL. 32301

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

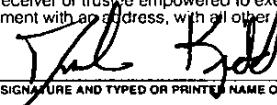
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #