

# 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~~

FILED

05 JAN 24 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address  
2074 MIDYETTE #511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TALL. FL.

01242005 Chg-P CR2E034 (10/03)

City & State

City & State

32301

4. FEI Number  
75-3118196

Applied For  
Not Applicable

Zip

Country

Zip

Country

LEM

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIDD, DEREK WILLIAM  
1140 CARISSA DR  
TALL, FL 32308

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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02/03/05--01002--007 \*\*150.00  
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CITY-ST-ZIP  
☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #