2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 Al
Secretary of State

ANNUAL KEPURI							
DOCUMENT # P0300 1. Entity Name GLOBAL FENCE, INC.							
Principal Place of Business	Mailing Address						
1508 SE 10TH ST	1508 SE 10TH ST						
CAPE CORAL, FL 33 990	CAPE CORAL, FL 33 990						

6. Name and Address of Currant Registered Agent LARKIN, JEFFREY J 4208 COUNTRY CLUB DRIVE CAPE CORAL, FL 33904 8. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rotica. I am familiar with, and accept the onligations of registered agent. SIGNATURE Spatial, honder prefer time of registered agent and the fluckstates. (NOTE Repaired Agent spatial registered of to Fees.) FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 1016 LARKIN, JEFFREY J SWEET NOWS. SIRE! AUDIES. CAPE CORAL, FL 33904 DO NOT WRITE INTE NAME LARKIN, JEFFREY J SWEET NOWS. SIRE! AUDIES. COP-51-2P LARKIN, JEFFREY J SWEET NOWS. SIRE! AUDIES. COP-51-2P LARKIN, JEFFREY J SWEET AUDIES. COP-51-2P LARKIN, JEFFREY J SWEET NOWS. SIRE! AUDIES. COP-51-2P LINE NAME SIRE! AUDIES. COP-5					l l		
DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0104920	1508 SE 10T	TH ST	1508 SE 10TH ST				
LARKIN, JEFFREY J 4208 COUNTRY CLUB DRIVE CAPE CORAL, FL 33904 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent. SIGNATURE Signature, highest or prints from of 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 algent. SIGNATURE Signature, highest or prints from of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the North Flori	D		•	CE	01082008 4. FEI Number 20-010	No Chg-P er 492 0	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional
SIGNATURE Signature Signa	4208 COU	EFFREY J NTRY CLUB DRIVE	stered Agent				
### After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ### A	the obligat	ions of registered agent.		_		th, in the State of Flo	
TRES NAME NAME SIREF ADDRESS CITY-S1-ZIP LARKIN, FABIOLA 4208 COUNTRY CLUB DRIVE CAPE CORAL, FL 33904 LARKIN, JEFFREY J 4208 COUNTRY CLUB BLVD CAPE CORAL, FL 33904 LODO000847671 03/19/08-80023-013 150.00 ITILE NAME SIREF ADDRESS CITY-S1-ZIP TILE NAME STREET ADDRESS CITY-S1-ZIP TILE NAME STREE	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00					
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME NAME	ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TRES LARKIN, FABIOLA 4208 COUNTRY CLUB DRIVE CAPE CORAL, FL 33904 PTD LARKIN, JEFFREY J 4208 COUNTRY CLUB BLVD	CTORS			U00000 03/19/08-	1847671 180029-013 150.00
NAME STREET ADDRESS CITY-S1-ZIP TIFLE NAME	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS						
STREET ADDRESS CITY-SI-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP					O Clasida Clauses	huthor godific that the information

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 appears, with all other lips empowered.

SIGNATURE:

ATURE AND THE OR BUNTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Daytime Phone #