2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090390

Entity Name: BESTCON FENCE, INC

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
1484 LAUREL WAY ATLANTIC BEACH, FL 32233			4400 MARSH LAN	4400 MARSH LANDING BLVD	
			PONTE VEDRA B	PONTE VEDRA BEACH, FL 32082	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1484 LAUREL WAY ATLANTIC BEACH, FL 32233				4400 MARSH LANDING BLVD	
			6 PONTE VEDRA BEACH, FL 32082		
FEI Number	: 56-2386056	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
3945 ST. J	H TAYLOR, ES JOHNS AVE. JVILLE, FL 32				
	named entity e of Florida.	submits this statement for the	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	,) Delete	Title:	() Change () Addition	
Name:	NICHOLS, PAU		Name:		
Address: City-St-Zip:	1484 LAUREL ATLANTIC BEA	VVAY ACH, FL 32233	Address: City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	WALTON, WIL	LIAM H JR.	Name:		
Address:	4000 B ST. JOHNS AVE.		Address:		
City-St-Zip:	JACKSONVILL	E, FL 32205	City-St-Zip:		
Title:) Delete	Title:	() Change () Addition	
Name:	MCCORMACK	•	Name:		
Address:		NS BLUFF ROAD	Address:		
City-St-Zip:	JACKSONVILL	.E, FL 32225	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL W NICHOLS VP 01/24/2005