2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092871

632 CORTEZ ST

LAKELAND, FL 33813

Address:

City-St-Zip:

FILED Jan 07, 2004 Secretary of State

Entity Name: IMPERIAL FENCE DESIGNS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3764 OPAL DR MULBERRY, FL 33860				3636 CENTURY BLVD. LAKELAND, FL 33811		
Current Mailing Address:			New Maili	New Mailing Address:		
3764 OPAL DR MULBERRY, FL 33860				3636 CENTURY BLVD. LAKELAND, FL 33811		
FEI Number:	20-0188077	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
LAWHORN 3764 OPAL MULBERR						
The above in the State		submits this statement for the pu	rpose of changing i	s registered of	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Agen	t	Date		
Election Can	npaign Financin	ng Trust Fund Contribution ().				
OFFICERS	AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (LAWHORN, LE 3764 OPAL DE MULBERRY, F	₹	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ST (WALCZYK, EV 632 CORTEZ : LAKELAND, FI	ST	Title: Name: Address: City-St-Zip:	ST (X) LAWHORN, LEI 3764 OPAL DRI MULBERRY, FL	IVE	
Title: Name: Address: City-St-Zip:	D (LAWHORN, RI 3764 OPAL DI MULBERRY, F	₹	Title: Name: Address: City-St-Zip:	D (X) LAWHORN, RIC 3764 OPAL DR MULBERRY, FL		
Title: Name:	D (X	() Delete	Title: Name:	()	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LEIGH M LAWHORN PST 01/07/2004