



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000092871			
1. Entity Name IMPERIAL FENCE DESIGNS, INC.			
Principal Place of Business 3636 CENTURY BLVD. LAKELAND, FL 33811		Mailing Address 3636 CENTURY BLVD. LAKELAND, FL 33811	
			
		06202005 No Chg-P CR2E034 (10/03)	
4. FEI Number 20-0188077		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LAWHORN, LEIGH M 3764 OPAL DR MULBERRY, FL 33860			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	LAWHORN, LEIGH M		
STREET ADDRESS	3764 OPAL DR		
CITY-ST-ZIP	MULBERRY, FL 33860		
TITLE	ST		
NAME	LAWHORN, LEIGH M		
STREET ADDRESS	3764 OPAL DRIVE		
CITY-ST-ZIP	MULBERRY, FL 33860		
TITLE	D		
NAME	LAWHORN, RICHARD		
STREET ADDRESS	3764 OPAL DR		
CITY-ST-ZIP	MULBERRY, FL 33860		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: <i>Leigh Lawhorn</i>		6/27/05 863-646-6585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	