

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000097791

1. Entity Name
RELIABLE FENCE, LAND CLEARING AND HAULING, INC.



Principal Place of Business
539 NE CANDY LANE
MAYO, FL 32066

Mailing Address
PO BOX 583
MAYO, FL 32066



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2128428

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PEARSON, TOMMY
539 NE CANDY LANE
MAYO, FL 32066

**DO NOT WRITE
IN THIS SPACE**

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

Tommy Pearson Tommy Pearson V.P.

4/25/2005

Signature, type or printed name of registered agent and file 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
P
PEARSON, TROY M
PO BOX 539 NE CANDY LANE
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
PEARSON, TOMMY
539 NE CANDY LANE
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

UN00000345801

04/30/05-80047-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Tommy Pearson

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Pearson V.P.

4/25/2005 (386)
688-2677
Daytime Phone #