2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P03000100839 1. Entity Name K R FENCING INC. Principal Place of Business Mailing Address 333 MILLER RD 333 MILLER RD HAVANA FL 32333 HAVANA FL 32333 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & Stale Applied For 4. FEI Number 20-0231432 Not Applicable Zin Žip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUDD, KANE 333 MILLER RD Street Address (P.O. Box Number is Not Acceptable) HAVANA FL 32333 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE TITLE ☐ Delete ■ Addition RUDD, KANE NAME NAME U000000694147 333 MILLER RD STREET ADDRESS STREET ADDRESS 04/17/07-80005-018 150.00 HAVANA FL 32333 CITY-SI-7IP CITY-ST-ZIP VP TITLE ☐ Delele TITLE Addition RUDD, WADE NAME NAME 264 CHAMPION OAKS CR. STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE Change Addition NAME NAME ____ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HITE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-7IP THE ☐ Delete TITLE Change Addition NAME. NAME STREET ADDRESS SIREFT ADDRESS CITY-ST-ZIP CITY-SI-ZIP INTLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

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 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.

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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