


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90471 015 ***150.00

DOCUMENT # P03000121338 1. Entity Name T & B FENCING, INC.																							
Principal Place of Business 4385 BARNSDALE DRIVE MELBOURNE, FL 32935			Mailing Address 4385 BARNSDALE DRIVE MELBOURNE, FL 32935																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip Country		City & State Zip Country		4. FEI Number 57-1190935																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent BRODERICK, TIMOTHY 4385 BARNSDALE DRIVE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BRODERICK, TIMOTHY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4385 BARNSDALE DRIVE MELBOURNE, FL 32935</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	BRODERICK, TIMOTHY		CITY-ST-ZIP	4385 BARNSDALE DRIVE MELBOURNE, FL 32935		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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04222004 Chg-P CR2E034 (10/03)

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY BRODERICK

Date

4/23/04

Daytime Phone #

321-242-8915