2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # P03000124220 1. Entity Name HURRICANE OCALA FENCE CO.						•	03-14-200	06 90031 03	8 ***150.0	00	
Principal Plac	e of Business	Mailing Address	Mailing Address .			3 ;**	Titte				
		335 NW 76TH TERRAC OCALA, FL 34475	335 NW 76TH TERRACE OCALA, FL 34475		, .		I MI GRIBO MINI REI M BI	1)11 68/6 1 11 9/8 1 /6 /1	1818 I(A)B 1 FI1 AA	timas is fami	
2. Principal Place of Business 3.		3. Mailing Address	I. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0308200	6 Chg-P	CR2E	034 (11/05)		
City & State		City & State			,	4. FEI Nun 65-12	nber 209836		<u> </u>	pplied For of Applicable	
Zip 34	482 Country	34482	Count	try			ate of Status Desi		\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		Name ₂		7. Name a	nd Address of N	lew Registered	Agent		
WATKINS		•	Diffi			P.O. Box Number is Not Acceptable)					
335 NW 76 OCALA, F	6TH TERRACE L 34475		Street Address			.0. Box Nur 7	nber is Not Accer	race			
	<u> </u>					Ocala			FL 34482		
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						00 May Be d to Fees					
TITLE	DP OFFICERS AND		11.			ADDITION	IS/CHANGES TO	OFFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	WATKING CECIL 335 NW 76TH TERRACE OCALA, P. 34475	X Delete							Change	Addition	
TITLE NAME STREET ADDRESS	D WATKINS, BILLIE JOE 335 NW 76TH TERRACE	□ Delete	TITLE NAME STREE		DΡ				Change	Addition	
CITY-ST-ZIP	OCALA, FL 34475		CITY-	ST-ZIP	Oca	la F	1 344	82			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE			•			☐ Change	Addition	
	L certify that the information supplied wit on this report or supplemental report	h this filing does not qualify fo			ontained i ave the sa	in Chapter :	119, Florida Statu fect as if made ur	tes. I further cen	rtify that the in am an officer	nformation or director	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/10/04

Daytime Phone #