
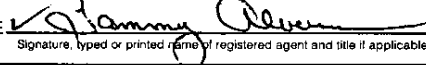
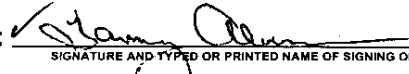



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90063 042 ***150.00

DOCUMENT # P03000126420 1. Entity Name NATIONAL FENCE COMPANY OF NWF, INC					
Principal Place of Business 6024 SADDLE CLUB RD PACE, FL 32571			Mailing Address 6024 SADDLE CLUB RD PACE, FL 32571		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0487269	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVERSON, MELVIN 6024 SADDLE CLUB RD PACE, FL 32571			7. Name and Address of New Registered Agent Name Tammy R. Alverson Street Address (P.O. Box Number is Not Acceptable) 6024 Saddle Club Rd City Pace FL Zip Code 32571		
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  2-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVERSON, MELVIN S <input checked="" type="checkbox"/> Delete 6024 SADDLE CLUB RD PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete ALVERSON, TAMMY R 6024 SADDLE CLUB RD PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ALVERSON, JOSHUA M #4 HAVEN CT PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: 			2-5-07 850-994-0373 <small>Date Daytime Phone #</small>		

ATTACHMENT

DOCUMENT # P03000126420						ATTACHMENT			
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4. FEI Number 51-0487269								Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP					
P ALVERSON, MELVIN S 6024 SADDLE CLUB RD PACE, FL 32571 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
ST ALVERSON, TAMMY R 6024 SADDLE CLUB RD PACE, FL 32571 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
V ALVERSON, JOSHUA M #4 HAVEN CT PENSACOLA, FL 32506 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____									