## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED -DOCUMENT # P03000133522 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name AL-TONA FENCE COMPANY Principal Place of Business Mailing Address 1525 EAST NORMANDY BOULEVARD 1525 EAST NORMANDY BOULEVARD DELTONA, FL 32725 DELTONA, FL 32725 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0432013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MICHALSKY, ALAN DO NOT WRITE 1525 EAST NORMANDY BOULEVARD DELTONA, FL 32725 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MICHALSKY, ALAN NAME STREET ADDRESS 1525 EAST NORMANDY BOULEVARD DELTONA, FL 32725 CITY-ST-ZIP THE MICHALSKY, ARLENE STREET ADDRESS 1525 EAST NORMANDY BOULEVARD CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS.

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 mame appears in Block 10 or Block 11 if changed, or on an attachm

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #