## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000134735

City-St-Zip:

KISSIMMEE, FL 34744 US

Entity Name: SAVIOUR POOL FENCE, INC.

FILED May 01, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	HLAND CIRCLE EE, FL 34744	Ξ			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HLAND CIRCLE E, FL 34744	≣			
FEI Number	: 20-0481645	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
COLOMBEY, MARTINE 30 ADAMS AVE.					
KISSIMMEE, FL 34744		US			
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	HOUGHTON, R 1324 HIGHLAN	D CIR.	Name: Address:	( ) Change ( ) Addition	
City-St-Zip:	KISSIMMEE, FI	L 34744 US	City-St-Zip:		
Title:	` '	Delete		( ) Change ( ) Addition	
Name: Address:	HOUGHTON, KI 1324 HIGHLAN		Name: Address:		
City-St-Zip:	KISSIMMEE, FI		City-St-Zip:		
Title:	T ()	Delete	Title:	( ) Change ( ) Addition	
Name:	HOUGHTON, R		Name:		
Address: City-St-Zip:	1324 HIGHLAN KISSIMMEE, FI		Address: City-St-Zip:		
Title:	S ()	Delete	Title:	( ) Change ( ) Addition	
Name:	HOUGHTON, KI		Name:		
Address:	1324 HIGHLAN	D CIR.	Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT HOUGHTON Ρ 05/01/2008