

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000135619

1. Entity Name  
SMITH FENCE COMPANY INC.



Principal Place of Business      Mailing Address  
1329 MARCHECK STREET      1329 MARCHECK STREET  
JACKSONVILLE, FL 32211      JACKSONVILLE, FL 32211

**DO NOT WRITE IN THIS SPACE**



02092005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
20-0410914      Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PAUSCHE, JAMES P  
4125 HOWALT COURT  
JACKSONVILLE, FL 32277

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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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution      ☐ Added to Fees

U00000260774  
03/12/05-80038-007-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PAUSCHE, JAMES P
STREET ADDRESS	4125 HOWALT COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James P. Pausche

3-11-05 (904) 743-7175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #