


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90329 025 ***150.00

DOCUMENT # P03000136555	
1. Entity Name PALM BEACH FENCE FACTORY, INC.	

Principal Place of Business 2228 E. CAROL CIRCLE WEST PALM BEACH, FL 33415	Mailing Address 2228 E. CAROL CIRCLE WEST PALM BEACH, FL 33415
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14000570

2. Principal Place of Business 2228 E CARROL CIRCLE Suite Apt #, etc		3. Mailing Address 2228 E CARROL CIRCLE Suite Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

04012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0605179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, BARRY W ESQ. 900 E. INDIANTOWN ROAD SUITE 305 JUPITER, FL 33477

7. Name and Address of New Registered Agent	
Name KEVIN D LAWS	
Street Address (P.O. Box Number is Not Acceptable) 2228 E CARROL CIRCLE	
City WEST PALM BEACH	Zip Code FL 33415

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  PRESIDENT	KEVIN D LAWS 4/4/05
(NOTE: Registered Agent signature required when re-registering)	

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LAWS, KEVIN D 2228 E. CAROL CIRCLE WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2228 E CARROL CIRCLE
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"/> Change <input type="checkbox"/> Addition
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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 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:  PRESIDENT	KEVIN D LAWS 4/4/05 561-629-6636
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #