2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137606

City-St-Zip:

WALDO, FL 32694

Entity Name: CENTRAL FLORIDA FENCING, INC.

FILED May 23, 2007 Secretary of State

•		·-·-, ··-·		
Current Principal Place of Business:			New Principal Place of Business:	
14752 N.E WALDO, F	i. 138TH AVEI FL 32694	NUE		
Current Mailing Address:			New Mailing Address:	
P.O. BOX WALDO, F				
FEI Number:	: 57-1194299	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	/, WILLIAM D i. 138TH AVEN FL 32694 U			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent			ent	Date
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (HINSHAW, WI 14752 N.E. 13 WALDO, FL 3	8TH AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (HINSHAW, KY P. O. BOX 432 WALDO, FL 3	2	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	ST (HINSHAW, JE PO BOX 432) Delete SSICA	Title: Name: Address:	() Change () Addition

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: WILLIAM DAVID HENSHAW PD 05/23/2007