


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000137665</b> 1. Entity Name CRESTVIEW VENETIAN FENCE COMPANY, INC.	
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Principal Place of Business 4348 ANTIOCH ROAD CRESTVIEW, FL 32536	Mailing Address 4348 ANTIOCH ROAD CRESTVIEW, FL 32536
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02262006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-0529123	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HARRIS, CYNTHIA L 4348 ANTIOCH ROAD CRESTVIEW, FL 32536
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**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, JIM J 4348 ANTIOCH ROAD CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRIS, CYNTHIA L 4348 ANTIOCH ROAD CRESTVIEW, FL 32536
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06/10/06 80055-001 158.75

**DO NOT WRITE  
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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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Cynthia L Harris Cynthia L Harris 2/27/06 (850) 682-3018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #