## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # P03000137666  1. Entity Name JERRY ROOKS FENCING, INC.					Secretary of State			
Principal Place of Business Mailing Address					}			
17796 LARK	IN CT E E, FL 32310	17796 LARKIN CT E Tallahassee, FL 32310			{			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282005	Chg-P	CR2E034 (10/03)	<b>)</b>
City & State		- City & State		4. FEI Numb 59-362			opplied For	
Zip Country		Zip	Country		1	of Status Desired	□ \$8.75 Ac	iditional
	6. Name and Address of Current I	l Registered Agent			7. Name and	Address of New R		
ROOKS, CHASTITY								
17796 LAF	RKIN CT E			Street Address (	P.O. Box Numb	er is Not Acceptable	=)	· · · · · · · · · · · · · · · · · · ·
TALLAHASSEE, FL 32310		\[						
}		City			k .:	FL Zip Co	de	
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 II applicable. (NOTE: Registered Agent Signature tequired when reinstating)  DATE								
FUE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.0					.00 May Be led to Fees			
10,	OFFICERS AND		11.	-,	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	<del>,                                    </del>
TITLE NAME	P ROOKS, JERRY	☐ Delete	TITLE	ī			☐ Change	Addition
STREET ADDRESS	17796 LARKIN CT E			ET ADDRESS	ADDRESS U0000343546 04/29/05-80098-0		1343546 .pnn99_nic is	ו מחים:
CITY-ST-ZIP	TALLAHASSEE, FL 32310	·	СПУ	-ST-ZIP	<del></del>	04/ CD/ OD	00030 010 12	
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CITY-ST-ZIP				-ST-ZIP				
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NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				<del></del>
12. I berehvi	certify that the information supplied with	this filing does not qualify to	r the exe	mption stated in Se	ection 119707(3)	(i), Florida Statutes.	I further certify that the	information

12. I nereby certify that the information supplied with this filling does not quality 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-05 850-228-513