

Apr 07 04 03:01a

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90073 035 ***150.00

DOCUMENT # P03000143142			
1. Entity Name ECONOMY FENCE COMPANY, INC.			
Principal Place of Business 917 ARABELLA LANE COCOA, FL 32927		Mailing Address 917 ARABELLA LANE COCOA, FL 32927	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 55-0852431		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		S\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHILDRESS, CAROL 917 ARABELLA LANE COCOA, FL 32927		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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.			
9. SIGNATURE Signature, typed or printed name of signatory and title (if applicable) DATE: Registered Agent signature required when re-appointing			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. OFFICERS AND DIRECTORS Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004 Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ 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 provided 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: <i>Carol Childress, PRES.</i>		4/7/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94068066



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