



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90035 039 ***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 4005 Kings Highway Suite, Apt. #, etc. | | 3. Mailing Address 4005 Kings Highway Suite, Apt. #, etc. | |  | |
| City & State COCOA FL | | City & State COCOA FL | | 4. FEI Number 55-0852431 | |
| Zip 32927 | | Country BREVARD | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 Street Address (P.O. Box Number is Not Acceptable) 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. | | | | | |
| SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PT | NAME CHILDRESS, CAROL <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 917 ARABELLA LANE | CITY-ST-ZIP COCOA, FL 32927 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME <input type="checkbox"/> Delete | | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 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: <u>Carol R Childress</u> <u>Carol R Childress, President</u> <u>1-4-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>321-631-5621</u> | | | | | |