

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144374

Entity Name: STYLE FENCE, INC.

FILED
Mar 04, 2004
Secretary of State

Current Principal Place of Business:

24 SANTA CRUZ WAY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

24 SANTA CRUZ WAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-0416417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPLEY, DENNIS J
24 SANTA CRUZ WAY
PORT ST. LUCIE, FL 34952

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEPLEY, DENIS J
Address: 24 SANTA CRUZ WAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V () Delete
Name: SHEPLEY, NORA L
Address: 24 SANTA CRUZ WAY
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOUGEOTTE, JAMES D III
Address: 2962 SE BELLA ROAD
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DENNIS J. SHEPLEY

P

03/04/2004

Electronic Signature of Signing Officer or Director

Date