


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90047 027 ***150.00

DOCUMENT # P03000144374					
1. Entity Name STYLE FENCE, INC.					
Principal Place of Business 24 SANTA CRUZ WAY PORT ST. LUCIE, FL 34952			Mailing Address 24 SANTA CRUZ WAY PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01272005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0416417				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPLEY, DENNIS J 24 SANTA CRUZ WAY PORT ST. LUCIE, FL 34952			Name: <u>SHEPLEY, DENNIS J</u> Street Address (P.O. Box Number is Not Acceptable): <u>1272 INDUSTRIAL BLVD SE</u> City: <u>PORT ST LUCIE</u> <u>FL</u> Zip Code: <u>34952</u>		
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: <u>Dennis Shepley</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/31/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	NAME SHEPLEY, DENIS J <input type="checkbox"/> Delete		TITLE 	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 24 SANTA CRUZ WAY	CITY-ST-ZIP PORT ST. LUCIE, FL 34952		STREET ADDRESS 1272 INDUSTRIAL BLVD SE	CITY-ST-ZIP PORT ST LUCIE FL 34952	
TITLE D	NAME MOUGEOTTE, JAMES D III <input checked="" type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2962 SE BELLA ROAD	CITY-ST-ZIP PORT ST. LUCIE, FL 34984		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 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: <u>Dennis Shepley</u>			Date: <u>1/31/05</u> Daytime Phone #		