


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

01-11-2008 90036 030 ***150.00
P03000146585

FILED

2008 JUL -7 AM 9:46

4.06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000146585 1. Entity Name FLAGLER FENCE, INC.	
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Principal Place of Business 105 OAK AVE. BUNNELL, FL 32110	Mailing Address 105 OAK AVE. BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1409315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

HUNTER, H. LEWIS
105 OAK AVENUE
BUNNELL, FL 32110

**DO NOT WRITE
IN THIS SPACE**

9. 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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Lewis Hunter

1/8/08

[Signature]

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, H. LEWIS 105 OAK AVENUE BUNNELL, FL 32110
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**DO NOT WRITE
IN THIS SPACE**

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 listed above
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #