

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000150265

1. Entity Name
D-FENCE ENTERPRISES, INC.



FILED

07 JUN 25 PM 3:41

Principal Place of Business
249 SW AUBUDON AVENUE
PORT ST. LUCIE, FL 34984

Mailing Address
249 SW AUBUDON AVENUE
PORT ST. LUCIE, FL 34984

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business, No P.O. Box #
4617 SW Tacoma St.
Suite, Apt. #, etc.

3. Mailing Address
4617 SW Tacoma St.
Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State
Port St Lucie FL
Zip 33493 Country USA

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Port St Lucie, FL
Zip 33493 Country USA

4. FEI Number
27-0130407
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGUIN, TAMMY L
249 SW AUBUDON AVENUE
PORT ST. LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name TAMMY LYNN DUGUAY FLA
Street Address (P.O. Box Number is Not Acceptable) Seguin
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 Tammy Lynn Duguay DATE 4/27/07

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P DUGUAY, ALDO R 249 SW AUBUDON AVENUE PORT ST. LUCIE, FL 3498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEGUIN, TAMMY L 249 SW AUBUDON AVENUE PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALDO R Duguay 4617 SW Tacoma St Port St Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMMY LYNN Duguay 4617 SW Tacoma St Port St Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800104988658 06/28/07--01053--003 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/6/25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Aldo R Duguay (PRER) Tammy Lynn Duguay Vice Pres
Signature and Typed or Printed Name of Signing Officer or Director Date 4/27/07 5617681090