2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90279 038 ***150.00

DOCUMENT # P03000150353

1. Entity Name
CAPE CORAL FENCE CO. INC.

Principal Place of Business	Mailing Address
2029 NE. 6TH PL. CAPE CORAL, FL 33909 US	2029 NE. 6TH PL. CAPE CORAL, FL 33909 US

02042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2029 NE 6th PL	106 Hancock Bridge Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. Unit D-15 Box 502
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33909 Country: Lee	Zip: 33991 Country: Lee

4. FEI Number 65-0284251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOBERT JR., JAMES L 2029 NE 6TH PL CAPE CORAL, FL 33909	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 [signature] Jr. James L Gobert Jr. 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOBERT JR., JAMES L 2029 NE 6TH PL. CAPE CORAL, FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOBERT, THERESA M 2029 NE 6TH PL. CAPE CORAL, FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Jr. James L Gobert Jr 4-28-04 (239) 574-8399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #