

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000150353 1. Entity Name CAPE CORAL FENCE CO. INC.	
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Principal Place of Business 2029 NE 6TH PL CAPE CORAL, FL 33909 US	Mailing Address 106 HANCOCK BRIDGE PKWY. UNIT D15, BOX 502 CAPE CORAL, FL 33991 US
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

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

GOBERT JR., JAMES L
2029 NE 6TH PL
CAPE CORAL, FL 33909

**DO NOT WRITE
IN THIS SPACE**

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: James L. Gobert Jr. James L. Gobert Jr. 3-9-05
(NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOBERT JR., JAMES L 2029 NE 6TH PL. CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOBERT, THERESA M 2029 NE 6TH PL. CAPE CORAL, FL 33909
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03/14/05-80100-011 8.75

U000000263564
03/14/05-80100-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.

SIGNATURE: James L. Gobert Jr. James L. Gobert Jr. 3-9-05 (239) 574-8399
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #