

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90085 034 \*\*\*150.00

DOCUMENT # P03000151272

1. Entity Name

SECURITY FENCE OF SW FL, INC.



Principal Place of Business

1102 FILLMORE AVE  
LEHIGH ACRES FL 33936

Mailing Address

1102 FILLMORE AVE  
LEHIGH ACRES FL 33936

2. Principal Place of Business

1102 Fillmore Av

Suite, Apt. #, etc.

3. Mailing Address

1102 Fillmore Av

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip 33936

Country Lec

City & State

Lehigh Acres, FL

Zip 33936

Country Lec

4. FEI Number

58-2678418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLETCHER, STEVE  
1102 FILLMORE AVE  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name - Steve Pletcher

Street Address (P.O. Box Number is Not Acceptable)

1102 Fillmore Av

City Lehigh

FL

Zip Code 33936

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, 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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLETCHER, STEVE	
STREET ADDRESS	1891 ACACIA AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWARD, ROBERT	
STREET ADDRESS	21900 STATE RD	
CITY-ST-ZIP	FORT MYERS FL 33913	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Steve Pletcher Steve Pletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/05

Date

(239) 368-5551

Daytime Phone #