


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90297 028 \*\*\*150.00

**DOCUMENT # P03000155293**

1. Entity Name  
**A-1 PRIVACY FENCE, INC.**



Principal Place of Business  
**1701 CONN AVE.  
 LYNN HAVEN, FL 32444 US**

Mailing Address  
**1701 CONN AVE.  
 LYNN HAVEN, FL 32444 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**BARNES & JAMES, P.A.  
 2629 BLAIR STONE ROAD  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name: **Andrew Calhoun**

Street Address (P.O. Box Number is Not Acceptable):  
**1701 Connecticut Ave.**

City: **Lynn Haven** FL Zip Code: **32444**

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: **Andrew L. Calhoun Vice President** DATE: **3-18-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P CALHOUN, DARRELL P 1701 CONN AVE. LYNN HAVEN, FL 32444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CALHOUN, ANDREA L 1701 CONN AVE LYNN HAVEN, FL 32444</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 like empowered.

SIGNATURE: **Andrew L. Calhoun Vice President** Date: **3/18/04** Daytime Phone #: **850-271-3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR