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Secretary of State
04-29-2008 90092 012 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000155469

1. Entity Name
JAMES CHILDRESS FENCE, INC.

400890063

04072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6455 MIRA AVE COCOA, FL 32927	6455 MIRA AVE COCOA, FL 32927

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 55-0852374 — ☐ 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
CHILDRESS, JAMES 5627 ADA STREET COCOA, FL 32927	Name: Childress, James Street Address (P.O. Box Number is Not Acceptable): 6455 Mira Ave City: Cocoa FL Zip Code: 32927

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 ______________________ DATE ________
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, 2008 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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDRESS, JAMES 5627 ADA STREET COCOA, FL 32927	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Childress, James 6455 Mira Ave Cocoa, FL 32927	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILDRESS, PAMELA 5627 ADA ST. COCOA, FL 32927	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Childress, Pamela 6455 Mira Ave Cocoa, FL 32927	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: James Childress 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #