


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

|   |                          |                                 |   |   |                                   |
|---|--------------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # P04000000409</b>  |                          |                                 |   |    |                                   |
| 1. Entity Name<br><b>ROUGH STOCK FENCING, INC.</b>  |                          |                                 |   |   |                                   |
| Principal Place of Business<br><b>1660 SW CARL WILSON ROAD<br/>FT WHITE FL 32038<br/>US</b>   |                          |                                 | Mailing Address<br><b>1660 SW CARL WILSON ROAD<br/>FT WHITE FL 32038<br/>US</b> |   |                                   |
| 2. Principal Place of Business  |                          |                                 | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.   |                          |                                 | Suite, Apt. #, etc.   |   |                                   |
| City & State  |                          |                                 | City & State  |   |                                   |
| Zip   | Country                  | Zip                             | Country   | 4. FEI Number<br><b>61-1465579</b>  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |                                 |   | Applied For<br>Not Applicable   |                                   |
| 6. Name and Address of Current Registered Agent<br><b>PENDERGRAST, PERRY D<br/>1660 SW CARL WILSON ROAD<br/>FT WHITE FL 32038</b>   |                          |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)  |                          |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                          |                                 |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |                                   |
| 10. OFFICERS AND DIRECTORS  |                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |   |                                   |
| TITLE   | P                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | PENDERGRAST, PERRY D     |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 1660 SW CARL WILSON ROAD |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | FT WHITE FL 32038        |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   | SEC                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | PENDERGRAST, DAPHNE J    |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 1660 SW CARL WILSON ROAD |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | FT WHITE FL 32038        |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                          |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                          |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                          |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                          |                                 | NAME  |   |                                   |
| STREET ADDRESS  |                          |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                          |                                 | CITY-ST-ZIP   |   |                                   |



1st MOORE CR2E034 (10/05)

4. FEI Number **61-1465579**

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

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, 2006 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          | P                        | <input type="checkbox"/> Delete |
| NAME           | PENDERGRAST, PERRY D     |                                 |
| STREET ADDRESS | 1660 SW CARL WILSON ROAD |                                 |
| CITY-ST-ZIP    | FT WHITE FL 32038        |                                 |
| TITLE          | SEC                      | <input type="checkbox"/> Delete |
| NAME           | PENDERGRAST, DAPHNE J    |                                 |
| STREET ADDRESS | 1660 SW CARL WILSON ROAD |                                 |
| CITY-ST-ZIP    | FT WHITE FL 32038        |                                 |
| 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 |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| 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 exemptions contained in Section 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:

*Perry Dean Pendergrast*  
Perry Dean Pendergrast

3/23/06 386/755-8875