
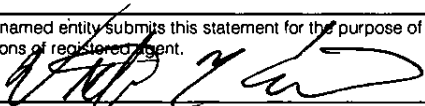
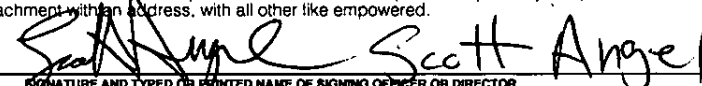


1161324

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 010 ***150.00

DOCUMENT # P04000006142			
1. Entity Name FRONTIER FENCE INC.			
Principal Place of Business 973 POINSETTA STREET COCOA, FL 32927 US		Mailing Address 973 POINSETTA ST COCOA, FL 32927 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 23812	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cocoa FL	
Zip	Country	Zip	Country
32923	US	32923	US
4. FEI Number 20-0696858		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGEL, SCOTT D 973 POINSETTA STREET COCOA, FL 32927		7. Name and Address of New Registered Agent Name ALL FLORIDA FIRM INC Street Address (P.O. Box Number is Not Acceptable) 813 Deltona Blvd, Ste A (Room 1161324) City Deltona FL Zip Code 32725	
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:  Victor Erwin for All Florida Firm Inc 1-28-08 (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. <input type="checkbox"/> \$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	P ANGEL, SCOTT D 973 POINSETTA STREET COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Scott Angel		Date 1-28-08 Daytime Phone # 863-1956	