

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000009277

1. Entity Name
AABOT FENCE, INC.



FILED

06 SEP 11 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0577696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, JAY E
653 N GOLDENROD ROAD
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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) DATE _____

Amended AR is \$61.25

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 | PALMER, JAY E | |
| STREET ADDRESS | 653 N GOLDENROD ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PALMER, JAY E | |
| STREET ADDRESS | 653 N GOLDENROD ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | |
| TITLE | SEC | <input type="checkbox"/> Delete |
| NAME | PALMER, JAY E | |
| STREET ADDRESS | 653 N GOLDENROD ROAD | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | |
| 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 | V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARY MUSSELWHITE | |
| STREET ADDRESS | 653 N. GOLDENROD RD | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | |
| TITLE | V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELISKE HONKSTRA | |
| STREET ADDRESS | 653 N. GOLDENROD RD | |
| CITY-ST-ZIP | ORLANDO, FL 32807 | |
| 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/06 407-207-4401

Date Daytime Phone #

9/17