

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90270 045 \*\*\*150.00

**DOCUMENT # P04000016682**

1. Entity Name

J&J FENCE COMPANY, INC.



Principal Place of Business

~~520 CALADESI TRAIL~~  
ORLANDO FL 32807

Mailing Address

P.O. BOX 574925  
ORLANDO FL 32857  
O

2. Principal Place of Business

176 Dahlia Village cr.  
Suite, Apt. #, etc.  
Orlando FL  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32807 Orange

Zip

Country

4. FEI Number

76-0749207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOANNE VELEZ,  
~~520 CALADESI TRAIL~~  
ORLANDO FL 32857

7. Name and Address of New Registered Agent

Name Joanne Velez  
Street Address (P.O. Box Number is Not Acceptable)

176 Dahlia Village cr.  
City Orlando FL Zip Code 32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 Owner  
NAME Joanne Velez  
STREET ADDRESS 176 Dahlia Village cr.  
CITY-ST-ZIP Orlando FL 32807 **(P)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4-11-05 (407) 496-6336