


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90006 035 ***150.00

DOCUMENT # P04000020126	
1. Entity Name PROLINK FENCE CO., INC.	

Principal Place of Business 4608 S.W. 23RD AVE CAPE CORAL, FL 33914	Mailing Address P.O. BOX 07401 FT. MYERS, FL 33914
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2. Principal Place of Business 4906 McGregor Blvd.	3. Mailing Address P.O. Box 07401
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Myers FL	City & State Ft. Myers FL
Zip 33901	Zip 33919
Country	Country



09012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MILLIGAN, BARRY L. 4608 S.W. 23RD AVE CAPE CORAL, FL 33914	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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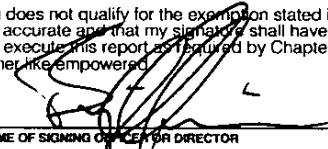
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLIGAN, BARRY L. 4608 S.W. 23RD AVE. CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Barry Milligan 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/6/05** 239 437-0888
Daytime Phone #

ATTACHMENT

9/6/05

To whom it may concern: 50066563
P04000020126

We did not receive any notification before the May 1st deadline. Please waive the late fee.

Thank You