

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021149

Entity Name: A1 QUALITY FENCE, INC.

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

344 HOWARD BLVD.  
LONGWOOD, FL 32750

## New Principal Place of Business:

3435 HYDER AVE.  
DELTONA, FL 32738

## Current Mailing Address:

344 HOWARD BLVD.  
LONGWOOD, FL 32750

## New Mailing Address:

3435 HYDER AVE  
DELTONA, FL 32738

FEI Number: 41-2124381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REMONSANZOL, JAVIER  
344 HOWARD BLVD.  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

REMONSANZOL, JAVIER  
3435 HYDER AVE  
DELTONA, FL 32738 US

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.

SIGNATURE: JAVIER REMONSANZOL

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REMONSANZOL, JAVIER  
Address: 344 HOWARD BLVD.  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: BIBBINS, KYLE E  
Address: 344 HOWARD BLVD.  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REMONSANZOL, JAVIER  
Address: 3435 HYDER AVE  
City-St-Zip: DELTONA, FL 32738

Title: VP (X) Change ( ) Addition  
Name: BIBBINS, KYLE E  
Address: 3434 HYDER AVE  
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER REMONSANZOL

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date