

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 8:00 am
Secretary of State

04-18-2005 90576 040 ***150.00

DOCUMENT # P04000032447 1. Entity Name MAJESTIC FENCE INC					
Principal Place of Business 5348 MAJESTIC CT CAPE CORAL, FL 33904			Mailing Address 5348 MAJESTIC CT CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 80-0085755	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LAUMAN, LARRY A 5348 MAJESTIC COURT CAPE CORAL, FL 33904				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: <u><i>Larry Lauman</i></u> 4/4/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 LAUMAN, LARRY A 5348 MAJESTIC CT CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAUMAN, LORI S 5348 MAJESTIC CT CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAUMAN, JENNIFER M 5348 MAJESTIC CT CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAUMAN, RICHARD W 5348 MAJESTIC CT CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u><i>Larry Lauman</i></u> 4/4/05 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					

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