

DOCUMENT # P04000032447

1. Entity Name MAJESTIC FENCE INC



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business 127 SW 56TH TERR CAPE CORAL, FL 33914

Mailing Address 127 SW 56TH TERR CAPE CORAL, FL 33914

			·) INDITIONAL HE ANNIO NATION RANGE ANNIO HARAND LICENT HARAN RENAL MARIN LEGIZATION IN HUNDA						
r	OO NOT WRITE II	N THIS SDA	CE	03132007	No Chg-P	CR2E034 (11/05)				
L	ONO! WKIIE II	V INIS SPA	UE.	4. FEI Numb 80-008		Applied For Not Applicable				
			5. Certificate of Status Desired							
	6. Name and Address of Current Regis	stered Agent				r oe required				
	LARRY A 6TH TERR RAL, FL 33914		DO NOT WRITE IN THIS SPACE							
9 The shows	annual actily submits this statement for the	aurana of changing its coninters								
 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, register a term of registered agent and title if applicable. (NOTE. Registered Agent signature required when rematating) OATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be added to Fees						
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME	P LALIMAN LAPRYA									
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
CITY-ST-ZIP	CAPE CORAL, FL 33914									
TITLE	VP									
NAME LAUMAN, LORI S										
STREET ADDRESS CITY-ST-ZIP	127 SW 56TH TERR CAPE CORAL, FL 33914									
TITLE	S	· · · · · · · · · · · · · · · · · · ·								
NAME	LAUMAN, JENNIFER M									
STREET ADDRESS 127 SW 56TH TERR			DO NOT WRITE							
CITY-ST-ZIP	CAPE CORAL, FL 33914	DO NOT WRITE								
TITLE	T			IN 7	THIS SP	ACE				
NAME STREET ADDRESS	LAUMAN, RICHARD W 127 SW 56TH TERR					,				
CITY-ST-ZIP	CAPE CORAL, FL 33914									
TITLE										
NAME										
STREET ADDRESS					Haan	00732807				
CITY-ST-ZIP					05/09/0	7-80060-019 150.0d				
TITLE Name										
STREET ADDRESS										
CITY-ST-ZIP		i								
12. I hereby certify that the information supplied with this filling 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 ceth; 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.										