

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90087 042 ***150.00

DOCUMENT # P04000040850

1. Entity Name
TBF FENCING INC.



Principal Place of Business
**766 E. MAGNOLIA AVENUE
LONGWOOD FL 32750**

Mailing Address
**766 E. MAGNOLIA AVENUE
LONGWOOD FL 32750**

50021709



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2698 BEAL ST.

Suite, Apt. #, etc.

City & State
DELTONA, FL VOLUSIA

4. FEI Number
20-1946182

Applied For
Not Applicable

Zip
32738

Country
VOLUSIA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERICI, TOMMY W
766 E. MAGNOLIA AVENUE
LONGWOOD FL 32750**

Name **TOMMY ALBERICI**

Street Address (P.O. Box Number is Not Acceptable)
2698 BEAL ST.

City **DELTONA** **FL** Zip Code **32738**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ALBERICI, TOMMY W
766 E. MAGNOLIA AVENUE
LONGWOOD FL 32750**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TOMMY ALBERICI
2698 BEAL ST.
DELTONA, FL. 32738**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 **321-239-4555**

Date Daytime Phone #