

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 006 ***150.00

DOCUMENT # P04000041481

1. Entity Name
PALM BEACH FENCE BUILDERS INC.



Principal Place of Business
**68 DAYTON ROAD
LAKEWORTH, FL 33467**

Mailing Address
**68 DAYTON ROAD
LAKEWORTH, FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282005

Chg-P

CR2E034 (10/03)

4. FEI Number

36-4550626

Applied For

Not Applicable

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

**A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351**

Name
ANTHONY QUARLTERE

Street Address (P.O. Box Number is Not Acceptable)
68-DAYTON ROAD

City
LAKE WORTH

FL

Zip Code
33467

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

Anthony J. Quarltere

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when terminating)

DATE

3-28-05

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
QUARLTERE, ANTHONY J.
68 DAYTON ROAD
LAKEWORTH, FL 33467**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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.

ANTHONY J. QUARLTERE

3/28/05 561-629-6167

SIGNATURE:

Anthony J. Quarltere

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #