


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 045 ***150.00

DOCUMENT # P04000057653 ^o			
1. Entity Name PINE ISLAND/CAPE CORAL FENCE, INC.			
Principal Place of Business 11361 ARGENTINE CT BOKEELIA FL 33922		Mailing Address 11361 ARGENTINE CT BOKEELIA FL 33922	
2. Principal Place of Business 113 NE 16TH PLACE Suite, Apt. #, etc.		3. Mailing Address 113 NE 16TH PLACE Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33909	Country USA	Zip 33909	Country USA
4. FEI Number 13-4277695		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLO, FRANK JR. 11361 ARGENTINE CT BOKEELIA FL 33922		7. Name and Address of New Registered Agent Name ALLO, FRANK JR. Street Address (P.O. Box Number is Not Acceptable) 113 NE 16TH PLACE City CAPE CORAL FL Zip Code 33909	
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>Frank Allo Jr</u> DATE <u>03-01-06</u> <small>Signature, typed or pre-printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when terminating)</small>			
FILE NOW!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRESIDENT FRANK ALLO JR 113 NE 16TH PLACE CAPE CORAL FL. 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice PRESIDENT/SECRETARY GAIL GAY-ALLO 11361 ARGENTINE CT. BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOSEPH KUSNIR 11361 ARGENTINE CT BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 any address, with or other like empowered.			
SIGNATURE: <u>Frank Allo Jr</u>		Date <u>03-01-06</u> Daytona Phone # <u>239-458-6777</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	