


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90002 007 ***150.00

DOCUMENT # P04000057914		
1. Entity Name RANDY'S FENCE, INC.		
Principal Place of Business 17600 SE HWY 450 UMATILLA FL 32784		Mailing Address 17600 SE HWY 450 UMATILLA FL 32784



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/08)

4. FEI Number 68-0583564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DUNHAM, LINDA 5507 SE 111TH STREET BELLVIEW FL 34420 <i>She Has Died! and I did NOT get A notice.</i>	

7. Name and Address of New Registered Agent	
Name Randy Chinn	
Street Address (P.O. Box Number is Not Acceptable) 17600 SE HWY 450	
City UMATILLA	FL Zip Code 32784

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 <i>Randy Chinn</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 8-18-08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST CHINN, RANDY 17600 SE HWY 450 UMATILLA FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D CHINN, TERRY 74 PECAN RUN COURSE OCALA FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP CORCORAN, PATRICK L 5720 SE 116TH ST BELLEVIEW FL 34420	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP CHINN, TERRY 74 PECAN RUN COURSE OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 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.	
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SIGNATURE: <i>Randy Chinn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8-18-08 352-728-8988 Daytime Phone #
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