

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000100179

1. Entity Name
STREAMLINE ALUMINUM FENCE, INC.



Principal Place of Business
**2732 PEMBERTON DRIVE
APOPKA, FL 32703 US**

Mailing Address
**2732 PEMBERTON DRIVE
APOPKA, FL 32703 US**

FILED
Jun 13, 2008 08:00 AM
Secretary of State



06032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2143253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAULK, ROBERT P
33918 TARA WOOD DRIVE
LEESBURG, FL 34788**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice..

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULK, ROBERT P 33918 TARA WOOD DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, SHANE V 341 OAK FORREST DRIVE DAWSONVILLE, GA 30534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/13/08-80003-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Robert Paulk* **Robert Paulk**

6-3-08

407 235 4189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #