

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/3.

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90133 036 ***150.00

DOCUMENT # P04000146168 1. Entity Name EAST COAST FENCING, INC.			
Principal Place of Business 140 TOMAHAWK DR. INDIAN HARBOUR BCH, FL 32937		Mailing Address 140 TOMAHAWK DR. INDIAN HARBOUR BCH, FL 32937	
2. Principal Place of Business 2885 Electronics Dr. Suite, Apt. #, etc. Unit 14, Bldg D Melbourne, FL 32935		3. Mailing Address 2885 Electronics Dr. Suite, Apt. #, etc. Bldg D, Unit 14 Melbourne, FL 32935	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32935		Zip 32935	
Country Broward		Country Broward	
4. FEI Number 11-3731439		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 GARTH, GIL 301 COCONUT DR. INDIAN ATLANTIC, FL 32903		7. Name and Address of New Registered Agent Name JASON KUNZ Street Address (P.O. Box Number is Not Acceptable) 301 Coconut Dr City Ind Harbour Bch FL Zip Code 32903	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D <input type="checkbox"/> Delete BARTH, GIL 301 COCONUT DR. INDIAN HARBOUR BCH, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 901 Julius Place Satellite Beach, 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BACHELLOR, CHAD 301 COCONUT DR. INDIAN HARBOUR BCH, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KUNZ, JASON 301 COCONUT DR. INDIAN HARBOUR BCH, FL 32903	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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			