2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000154412

Entity Name: LACY HOME REPAIR AND FENCING INC.

FILED Oct 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

56 N. LINDEN DR. ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

56 N. LINDEN DR. P O BOX 618023 ORLANDO, FL 32807 P O BOX 618023 ORLANDO, FL 328618023

FEI Number: 86-1120764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LACY, TINA
56 N LINDEN DR
56 N LINDEN DR
56 N LINDEN DR
ORLANDO, FL 32807 US
CREANDO, FL 32807 US

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.

SIGNATURE: MICHAEL F LACY 10/10/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

3359 CELENA CIR

ST. CLOUD, FL 34769

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: LACY, TINA Name: LACY, MICHAEL F

Address: 56 N. LINDEN DR Address: 56 N. LINDEN DR City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32807

 Name:
 LACY, MICHAEL F
 Name:
 LACY, TERRANCE A

 Address:
 56 N. LINDEN DR
 Address:
 1261 RUSSELL DR

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 OCOEE, FL 34761

 $\label{eq:title: VP () Delete} Title: \qquad \qquad S \qquad \qquad (X) \ Change \ (\) \ Addition$

 Name:
 LACY, TERRY A
 Name:
 REECE, PENNY S

 Address:
 4 N KLONDIKE DR
 Address:
 1261 RUSSELL DR

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 OCOEE, FL 34761

Title: S (X) Delete Title: () Change () Addition Name: REECE, PENNY S Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY S REECE S 10/10/2005