2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000161546 1. Entity Name SOUTHWEST FLORIDA FENCE COMPANY, INC.							05-02-2005	90401 0:	36 ***150.	00	
Principal Place of Business			Mailing Address								
3014 EL DORADO BLVD N			3014 EL DORADO BLVD N								
CAPE CORAL, FL 33993			CAPE CORAL, FL 33993					1401	2505	•	
,								14013565			
Principal Place of Business 3. Mailing Address											
2. Principal Place of Business			3. Maping Address					Ba ire Bibli Bair abare bi		HOON BIEN BIOLD DI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04292005	Chg-P	CBSE	034 (10/03)		
						04292003	City-F	UNZE			
City & State		City & State					4. FEI Numbe	 030810		<u> </u>	plied For
7:		Zio Cou			·		20-2	030010			t Applicable
Zip	Country		Zip Count				5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered					Agent	
					Name						
ATTRIDGE, MORRIS N					Street Address (P.O. Box Number is Not Acceptable)						
3014 EL DORADO BLVD N CAPE CORAL, FL 33993						Street Address (F.O. Box Number is Not Acceptable)					
. .					City				FI	Zip Cod	e
					·				·		
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 accepted by the obligations of registered agent.											and accept
ga											
SIGNATURE						ra raquirod	uman rojantahan)		DATE		
	algulation system of printed righter of registered agen		mappicable. (NOTC.)	riogisto ci	J Merit apriado	iro recionen	with the state of				
FILE NOWILL FEE 19 \$150.00 9. Election Campaign Financing							00 May Be				
After M	ay 1, 2005 Fee will be \$550	.00	Trust Fund Contrib	oution.		Adde	ed to Fees				
10.	OFFICERS AND) DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	D		☐ Delete	TITLE	i	D 1	PST			XX Change	Addition
NAME	ATTRIDGE, MORRIS N			NAM	:						
STREET ADDRESS	3014 EL DORADO BLVD N				ET ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 33993			CITY	-SI-ZIP						
TITLE			Delete	TITLE						Change	Addition
NAME STREET ADDRESS				NAMS	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
IIILE			☐ Delete	THE						☐ Change	Addition
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CITY-ST-ZIP				CITY	-ST-ZIP						
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TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Defete	TITLE						☐ Change	Addition
NAME				NAME	- 1					-	
STREET ADDRESS				STREE	ET ADDRESS						

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 eath; 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: 2 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS N. ATTRIDGE, PRES.

Date

4/29/05 (239) 574-6689 Daytime Phone #