2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007
Secretary of State

DOCUMENT# P05000005716

Entity Name: TRI-COUNTY FENCING, INC.

Current Principal Place of Business:

1524 PINEY ROAD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

PO BOX 1625
IMMOKALEE, FL 34143

New Mailing Address:

PO BOX 6864
FORT MYERS, FL 33911

FEI Number: 20-2151479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODRUFF, KAREN E
1524 PINEY ROAD
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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: _____

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:

Title: P ( ) Delete
Name: WOODRUFF, WILLIAM C
Address: PO BOX 1625
City-St-Zip: IMMOKALEE, FL 34143

Title: O (X) Delete
Name: HERRERA, EDWIN
Address: 3334 EDGEWOOD DRIVE
City-St-Zip: FORT MYERS, FL 33916

Title: O (X) Delete
Name: HERRERA, PEDRO
Address: 3334 EDGEWOOD DRIVE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOODRUFF, WILLIAM C
Address: PO BOX 6864
City-St-Zip: FORT MYERS, FL 33911 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM C. WOODRUFF PRES 06/01/2007

Electronic Signature of Signing Officer or Director Date