

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90429 029 \*\*\*158.75

<b>DOCUMENT # P05000006928</b> 1. Entity Name <b>PROFESSIONAL FENCE INC.</b>																																					
Principal Place of Business <b>RICHARD WEIS</b> <b>9369 SW 137TH STREET</b> <b>STARKE, FL 32091</b>		Mailing Address <b>RICHARD WEIS</b> <b>9369 SW 137TH STREET</b> <b>STARKE, FL 32091</b>																																			
2. Principal Place of Business <b>Shawn Weis</b> Suite, Apt. #, etc. <b>11163 US HWY 301 S</b> City & State <b>Hampton Florida</b> Zip <b>32044</b>		3. Mailing Address <b>Shawn Weis</b> Suite, Apt. #, etc. <b>11163 US HWY 301 S</b> City & State <b>Hampton Florida</b> Zip <b>32044</b>																																			
4. FFI Number <b>03-0555851</b>		Applied For <input type="checkbox"/> Not Applicable																																			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																			
6. Name and Address of Current Registered Agent <b>FLORIDA FILING &amp; SEARCH SERVICES, INC.</b> <b>1333 NORTH DUVAL STREET</b> <b>TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name: <b>Shawn Weis</b> Street Address (P.O. Box Number is Not Acceptable) <b>11163 US HWY 301 S</b> City <b>Hampton</b> <b>FL</b> Zip Code <b>32044</b>																																			
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: <u>Shawn L Weis</u> DATE: <u>04-28-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D</b>  <b>WEIS, BRIAN MATTHEW</b>  <b>9369 SW 137TH STREET</b>  <b>STARKE, FL 32091</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEIS, BRIAN MATTHEW</b> <b>9369 SW 137TH STREET</b> <b>STARKE, FL 32091</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <u>Shawn L Weis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04 28 06</u> <small>Date Daytime Phone #</small>																																			

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