

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017878

Entity Name: SAFEGUARD FENCING, INC.

FILED
Apr 09, 2006
Secretary of State

Current Principal Place of Business:

3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 3

Current Mailing Address:

3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 3

FEI Number: 20-2486356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3617 CROWN POINT ROAD
STE 10
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX 57487
JACKSONVILLE, FL 322417487

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH
3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 3 US

Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH
3617 CROWN POINT ROAD
SUITE #10
JACKSONVILLE, FL 32257 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: MEREDITH ALLEN HERNANDEZ

04/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FLEMING, MARK
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

Title: SD () Delete
Name: CUMMINGS, MICHAEL F
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FLEMING, MARK
Address: P.O. BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

Title: SD (X) Change () Addition
Name: CUMMINGS, MICHAEL F
Address: P.O. BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK FLEMING

PTD

04/09/2006

Electronic Signature of Signing Officer or Director

Date