## 2006 FOR PROFIT CORPORATION

## Mar 31, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000039649** 03-31-2006 90010 049 \*\*\*158.75 CLAY HOLE FENCING, INC. Principal Place of Business Mailing Address 3573 SE COUNTRY CLUB ROAD 3573 SE COUNTRY CLUB ROAD LAKE CITY, FL 32025 US LAKE CITY, FL 32025 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jerrad Kyle PARKER, PRISCILLA L Street Address (P.O. Box Number is Not Acceptable) 3573 SE COUNTRY CLUB ROAD LAKE CITY, FL 32025 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 (NOTE: Registered Agent signature required when leinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRES Delete Change Addition TITLE TITLE PARKER, PRISCILLA L NAME NAME STREET ADDRESS 3573 SE COUNTRY CLUB ROAD STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32025 CITY - ST-7IP 32024 Change SEC Delete ☐ Addition TITLE TITL F ELLERKAMP, GENE A NAME NAME STREET ADDRESS 295 SW WINCHESTER GLEN STREET ADDRESS HIGH SPRINGS, FL 32643 CITY - ST-71P CITY-ST-78P 3 2038 ☐ Change Addition MILE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete ITTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

BTLE

MALE

STREET ADDRESS

CITY-ST-ZIP

**3**86 SIGNATURE: