## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90070 047 \*\*\*158.75

DOCUMENT # P05000046551  1. Entity Name VASCONSELLO FENCE, INC.								04-09-2007	7 90070 04	7 ***158.	75
Principal Place of Business Mailing Address  2418 CORRINE ST TAMPA, FL 33605  Address  2418 CORRINE ST TAMPA, FL 33605								÷			
2. Principal Place of Business - No P.O. Box # 1622 PORTSMOTH LAKE 1622 PORTSMOT Suite, Apt. #, etc. 3. Mailing Address PORTSMOT Suite, Apt. #, etc.							01152007	Chg-P		34 (12/06)	
BRANDON, FL			City & State BRANDON				4. FEI Numb	er	Applied For Not Applicable		
3351/	<u>'</u>	V.S.A	33511	Coun	SA			of Status Desire		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent VASCONSELLO, RAMON 2418 CORRINE ST TAMPA, FL 33605						ddress (I	scons	Address of New	AMON	DR.	
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  Separature tweed or period name of registered agent and site of applicable. INDTE Registered Agent signature required when remistaling)  DIE											and accept
Fil. After M	E NOW!!! ay 1, 2007	FEE IS \$150.00 7 Fee will be \$5!	9. Election Camp Trust Fund Co		ncing		00 May Be ed to Fees				
10.	P	OFFICERS A	ND DIRECTORS	11.		10		/CHANGES TO C			
NAME STREET ADDRESS CITY ST-ZIP	VASCONS 2418 COR TAMPA, F			NAM STRE		162 B	SCONSE 2 POR LANDO	ENO, RA TSMOUTI N.FI	HUON H LAKE 39511	Change Abbre DR.	es-011
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CHY-ST ZIP			☐ Oelete							Change	Addition
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Delete							☐ Change	Addition
THEE			☐ Delete							Change	Addition
THEE NAME STREET ADDRESS CITY ST ZIP			☐ Delete	CIIY	E Et address St-ZIP					☐ Change	Addition \
indicated of the cor changed.	d on this repor rporation or th , or on an alta	t or supplemental repo	with this filing does not qualify or is true and accurate and that impowered to execute this repo ss with all other like empowere	t my signat	ture shall h	lave the s	ame legal effer	rt as if made und	ter oath: that I s	am an officer	or director
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date											