

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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06 FEB 16 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000048329 1. Entity Name UNIQUE FENCING INC					
Principal Place of Business 7967 APPLE BLOSSOM DRIVE LAKELAND, FL 33810			Mailing Address 7967 APPLE BLOSSOM DRIVE LAKELAND, FL 33810		
2. Principal Place of Business <i>7967 apple blossom Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>7967 apple blossom Drive</i> Suite, Apt. #, etc.			
City & State <i>Lakeland FL</i>		City & State <i>Lakeland FL</i>		4. FEI Number 20-2603093	
Zip 33810		Country POIK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, CARLTON L 7967 APPLE BLOSSOM DRIVE LAKELAND, FL 33810			7. Name and Address of New Registered Agent Name <i>Carlton Weller</i> Street Address (if different from above) <i>7967 apple blossom Drive</i> City <i>Lakeland</i> FL Zip Code <i>33810</i>		
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 <i>Carlton Weller</i> DATE 1-22-06 <small>Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WELLER, CARLTON L 7967 APPLE BLOSSOM DRIVE LAKELAND, FL 33810		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Weller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-22-06 Daytime Phone # 863-327-622		

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