2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # P05000066436 1. Entity Name PRIVACY FENCE, INC.								04-03-200	_	1 ***150	.00
Principal Place of Business 493 N.E. MAYLAND CT. PORT SAINT LUCIE, FL 34983			49	Mailing Address 493 N.E. MAYLAND CT. PORT SAINT LUCIE, FL 34983							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			03312006	Chg-P	CR2E0	34 (11/05)	
City & State			1	City & State		4. FEI Numb		40	<u> </u>	plied For	
Zip		Country	Z	lip	Coun	itry		of Status Desire		\$8.75 Add	litional
	6. Name	and Address of Curre	nt Regist	ered Agent	-	Nama	7. Name and	Address of Ne	w Registered	Agent	
CHAPMAN, BRANDON A						Name					
493 N. E. MAYLAND CT. PORT SAINT LUCIE, FL 34983						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AN	ID DIREC		11.		ADDITIONS	/CHANGES TO (OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME	P Delete TITI CHAPMAN, BRANDON A NA					1				☐ Change	☐ Addition
STREET ADDRESS	ADDRESS 650 S.E. POLYNESIAN AVENUE					ET ADORESS					i
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983					-ST-ZIP					
TITLE NAME	DEMPSEY, PAUL K			Delete	TITL NAM					Change	Addition
STREET ADDRESS	EET ADDRESS 493 N. E. MAYLAND CT.					ET ADDRESS					
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983				CITY	-ST-ZIP	<u>_</u>				
TITLE NAME	YENO, AF	PRIL J		☐ Delete	TITE NAM				-	☐ Change	☐ Addition
STREET ADDRESS	493 N. E. MAYLAND CT.					ET ADDRESS					
CITY-ST-ZIP	PORT SA	INT LUCIE, FL 3498	3		CITY	-ST-ZIP					
TITLE NAME	•			Delete	TITL NAM	· 1				Change	Addition
STREET ADDRESS					1	EET ADDRESS					į
CITY-ST-ZIP						-ST-ZIP					
NAME				☐ Delete	NAM	i				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS					
TITLE		-				-ST-ZIP					
NAME				☐ Delete	TITU					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS					
12. Thereby certify that the information supplied with this filling 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 two and accurate and the terminal 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: CLOSIL GENO april Lleno 3-31-06 772-621-8925											
<u> </u>		SIGNATURE AND TYPES O	PRINTED	NAME OF SIGNING OFFICE	R OR DIREC	OR		Date		laytime Phone #	