

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-01-2006 90002 024 ***150.00

DOCUMENT # P05000074619 1. Entity Name YOUR LOCAL FENCE COMPANY, INC.																																			
Principal Place of Business P.O. BOX 522382 MARATHON, FL 33052		Mailing Address P.O. BOX 522382 MARATHON, FL 33052																																	
2. Principal Place of Business Suite, Apt. #, etc. 3164 SLAMA AVE SE		3. Mailing Address Suite, Apt. #, etc. 3164 SLAMA AVE SE																																	
City & State PALM BAY FL.		City & State PALM BAY FL.																																	
Zip 32909		Zip 32909																																	
Country BREVARD		Country BREVARD																																	
6. Name and Address of Current Registered Agent MCMAMARA, CHRISTIE A 1270 73RD STREET OCEAN MARATHON, FL 33050		7. Name and Address of New Registered Agent Name CHRISTIE MCMAMARA Street Address (P.O. Box Number is Not Acceptable) 1299 TORRINGTON ST. SE City PALM BAY FL Zip Code 32909																																	
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 <u><i>Christie Mcnamara</i></u> CHRISTIE MCMAMARA DATE <u>5/16/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> <td style="width: 55%;"></td> </tr> <tr> <td>NAME</td> <td>ALDERMAN, MATTHEW R</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1037 82ND STREET OCEAN</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARATHON, FL 33050</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PRESIDENT</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 55%;"></td> </tr> <tr> <td>NAME</td> <td>MATTHEW ALDERMAN</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3164 SLAMA AVE SE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	P	<input type="checkbox"/> Delete		NAME	ALDERMAN, MATTHEW R			STREET ADDRESS	1037 82ND STREET OCEAN			CITY-ST-ZIP	MARATHON, FL 33050			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	MATTHEW ALDERMAN			STREET ADDRESS	3164 SLAMA AVE SE			CITY-ST-ZIP	PALM BAY, FL 32909		
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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: <u><i>Matt Alderman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/19/06</u> (321) 403-0996 <small>Daytime Phone #</small>																																	

66020371



05182006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2885714 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required