2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078429

6253 ILLINOIS AVE

City-St-Zip: NEW PORT RICHEY, FL 34653

Address:

ntity Name: ALL AMERICAN CUSTOM FENCE CORPORATION

FILED Mar 04, 2007 Secretary of State

Entity Name: ALL AMERICAN CUSTOM FENCE CORPORATION								
Current Principal Place of Business:			New Principal Place of Business:					
4049 PECC NEW POR	S DR T RICHEY, FL	34653						
Current Mailing Address:				New Mailing Address:				
4049 PECC NEW POR	S DR ΓRICHEY, FL	34653						
FEI Number:	20-2955268	FEI Numb	er Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
SLOAN, AMANDA J 4049 PECOS DR NEW PORT RICHEY, FL 34653 US				4049 PEC	DEMPSEY, AMANDA J 4049 PECOS DR NEW PORT RICHEY, FL 34653 US			
The above in the State		submits this	s statement for the pu	rpose of changing i	ts registe	red office or registered agent, or both,		
SIGNATURE: AMANDA J. DEMPSEY					03/04/2007			
	Electron	ic Signatui	re of Registered Agen	t		Date		
Election Cam	paign Financing	g Trust Fund	Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD () DEMPSEY, MIC 4049 PECOS D NEW PORT RIC	R	653	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VSD () SLOAN, AMANE 4049 PECOS D NEW PORT RIC	R	1653	Title: Name: Address: City-St-Zip:	4049 PEC	(X) Change () Addition Y, AMANDA J COS DR RT RICHEY, FL 34653		
Title: Name:	VP (X) CLARK, TONY) Delete		Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: AMANDA J DEMPSEY VSD 03/04/2007