


**, 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000099716 1. Entity Name 1ST FENCE OF FLAGLER, INC. |  |
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|--|--|
| Principal Place of Business 1756 STATE ROAD 100 LOT 4 BUNNELL, FL 32110 | Mailing Address 18 SEA SHARK PATH PALM COAST, FL 32164 |
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 02-0746439 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent NACCI, LORENZO 18 SEA SHARK PATH PALM COAST, FL 32164 |
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IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NACCI, LORENZO 18 SEA SHARK PATH PALM COAST, FL 32164 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SORESINO, GEORGE 1756 STATE RD 100 LOT 4 BUNNELL, FL 32110 |
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05/12/06-80034-021 150.00

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IN THIS SPACE**

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: X *Lorenzo J. Nacci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/28/06
Date

Daytime Phone #