

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103195

Entity Name: KISSIMMEE FENCE COMPANY, INC.

FILED
Aug 14, 2006
Secretary of State

Current Principal Place of Business:

219 OWENSHIRE CIR
KISSIMMEE, FL 34744 US

New Principal Place of Business:

1252 LIZA STREET
ST. CLOUD, FL 34771 US

Current Mailing Address:

219 OWENSHIRE CIR
KISSIMMEE, FL 34744 US

New Mailing Address:

1252 LIZA STREET
ST. CLOUD, FL 34771 US

FEI Number: 20-3210597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINGS, JAMES
219 OWENSHIRE CIR
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

COLLINGS, JAMES
1252 LIZA STREET
ST. CLOUD, FL 34771 US

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.

SIGNATURE: JAMES COLLINGS

08/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: COLLINGS, JAMES
Address: 219 OWENSHIRE CIR
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP () Delete
Name: COLLINGS, CASSANDRA
Address: 219 OWENSHIRE CIR
City-St-Zip: KISSIMME, FL 34744 US

Title: TRES (X) Delete
Name: ANDERSON, JASON
Address: 5250 HAWK DR
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COLLINGS, JAMES
Address: 1252 LIZA STREET
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VP (X) Change () Addition
Name: COLLINGS, CASSANDRA
Address: 1252 LIZA STREET
City-St-Zip: ST. CLOUD, FL 34771 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES COLLINGS

PRES

08/14/2006

Electronic Signature of Signing Officer or Director

Date