

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90027 027 ***163.75

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| DOCUMENT # P05000134900 | |  | |
| 1. Entity Name ALLEN & THOMSON FENCING INC. | | | |
| Principal Place of Business 21354 GLADIS AVE. PT. CHARLOTTE, FL 33952 | | Mailing Address 21354 GLADIS AVE. PT. CHARLOTTE, FL 33952 | |
| 2. Principal Place of Business - No P.O. Box # 4280 JAMES STREET | | 3. Mailing Address 4280 James Street | |
| Suite, Apt. #, etc. UNIT #5 | | Suite, Apt. #, etc. UNIT #5 | |
| City & State PORT CHARLOTTE, FLORIDA | | City & State PORT CHARLOTTE, FLORIDA | |
| Zip 33980 | Country CHARLOTTE | Zip 33980 | Country CHARLOTTE |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ALLEN, PATRICK 21354 GLADIS AVE. PT. CHARLOTTE, FL 33952 | | Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent sign on or register when submitting) NAME</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALLEN, PATRICK 21354 GLADIS AVE. PT. CHARLOTTE, FL 33952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Allen, Patrick 4280 James Street unit 5 Port Charlotte, Florida, 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP THOMSON, DEBRA 21354 GLADIS AVE PORT CHARLOTTE, FLORIDA, 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | | Patrick Allen President | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | 04/09/2007 | |
| | | 941-235-7315 | |
| | | Daytime Phone # | |