

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2007 90027 027 ***163.75

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 Suite, Apt. #, etc. UNIT #5		3. Mailing Address 4280 James Street Suite, Apt. #, etc. UNIT #5			
City & State PORT CHARLOTTE, FLORIDA		City & State PORT CHARLOTTE, FLORIDA			
Zip 33980		Country CHARLOTTE		Zip 33980	
Country CHARLOTTE		4. FEI Number 42-1680152			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ALLEN, PATRICK 21354 GLADIS AVE. PT. CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 designee may not sign for non-designating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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 P	NAME ALLEN, PATRICK		TITLE P		
STREET ADDRESS 21354 GLADIS AVE.		NAME Allen, Patrick			
CITY-ST-ZIP PT. CHARLOTTE, FL 33952		STREET ADDRESS 4280 James Street unit 5			
CITY-ST-ZIP PT. CHARLOTTE, FL 33952		CITY-ST-ZIP Port Charlotte, Florida, 33980			
TITLE VP		NAME THOMSON, DEBRA		CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952	
STREET ADDRESS 21354 GLADIS AVE		CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952			
CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952		CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952			
CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952		CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952			
CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952		CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952			
CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952		CITY-ST-ZIP PORT CHARLOTTE, FLORIDA, 33952			
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		04/09/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	