


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 025 ***150.00

DOCUMENT # P05000145193 1. Entity Name FENCEPRO, INC.					
Principal Place of Business 2615 DAWIN ROAD JACKSONVILLE, FL 32207			Mailing Address 2615 DAWIN ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 4879 CLYDO ROAD		3. Mailing Address 4879 CLYDO ROAD			
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL			
Zip 32207		Country 		Zip 32207	
Country 					
6. Name and Address of Current Registered Agent SILVERMAN, IRWIN S 2615 DAWIN ROAD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name SILVERMAN IRWIN S Street Address (P.O. Box Number is Not Acceptable) 4879 CLYDO ROAD #2 City JACKSONVILLE FL Zip Code 32207		
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 <u><i>Irwin S. Silverman</i></u> IRWIN S. SILVERMAN DATE 5-21-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SILVERMAN, IRWIN S 2615 DAWIN ROAD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP/S/T SILVERMAN, IRWIN S 4879 CLYDO ROAD #2 JACKSONVILLE FL 32207 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: <u><i>Irwin S. Silverman</i></u> IRWIN S. SILVERMAN DATE 5-21-07 DAYTIME PHONE # 904-538-0627 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40115444



05182007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3694307
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required