

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000154453

1. Entity Name
FAST FENCE, INC.



Principal Place of Business
**115 LEGENDARY DRIVE
SUITE 202
ST AUGUSTINE, FL 32092**

Mailing Address
**115 LEGENDARY DRIVE
SUITE 202
ST AUGUSTINE, FL 32092**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3843290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNZ, RONNIE
115 LEGENDARY DRIVE
SUITE 202
ST AUGUSTINE, FL 32092**

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000753260
05/24/07-80035-017 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MUNZ, RONNIE**
STREET ADDRESS **115 LEGENDARY DRIVE SUITE 202**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32092**

TITLE **VP**
NAME **MUNZ, ISABELLE**
STREET ADDRESS **115 LEGENDARY DRIVE SUITE 202**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32092**

TITLE **SEC**
NAME **MUNZ, RONNIE**
STREET ADDRESS **115 LEGENDARY DRIVE SUITE 202**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32092**

TITLE **TRES**
NAME **MUNZ, ISABELLE**
STREET ADDRESS **115 LEGENDARY DRIVE SUITE 202**
CITY-STATE-ZIP **ST AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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:

Isabelle Munz **Isabelle Munz** 4/30/07 904-940-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #