## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000166759

Entity Name: ON THE FENCE DEVELOPMENT CORPORATION

FILED May 01, 2009 Secretary of State

| Current Principal Place of Business:          |   |  | New Principal Plac                          | New Principal Place of Business:               |  |
|---|---|--|---|--|--|
| PO BOX 5893<br>GAINESVILLE, FL 32627          |   |  |   | 15544 NW 25TH TERRACE<br>GAINESVILLE, FL 32609 |  |
| Current Mailing Address:                      |   |  | New Mailing Addre                           | New Mailing Address:                           |  |
| PO BOX 5893<br>GAINESVILLE, FL 32627          |   | 15544 NW 25TH TERRACE<br>GAINESVILLE, FL 32609                       |   |  |  |
| FEI Number:                                   | : 20-4226137  | FEI Number Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)              |  |
| Name and Address of Current Registered Agent: |   |  | Name and Address                            | Name and Address of New Registered Agent:      |  |
| 2772 NW 4<br>STE W<br>GAINESVI<br>The above   | LLE, FL 32606   |  | ourpose of changing its register            | ed office or registered agent, or both,        |  |
| SIGNATUF                                      | RE:   |  |   |  |  |
|   | Electroni   | c Signature of Registered Ag   | ent   | Date   |  |
| Election Car                                  | mpaign Financing  | (2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | ·   |  |  |
| OFFICERS AND DIRECTORS:                       |   |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PTS ()<br>CLEMMONS, GA<br>15544 NW 25TH<br>GAINESVILLE, F | TERRACE  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zin:   | V ()<br>MOORE, STEPH<br>2546 NW 74 PL                     | ACE  | Title:<br>Name:<br>Address:<br>City-St-Zin: | ( ) Change ( ) Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify 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: GARY R CLEMMONS PTS 05/01/2009