

ORIGINAL

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 035 ***150.00

DOCUMENT # P06000010761 1. Entity Name CURT'S FENCING, INC.					
Principal Place of Business 5200 NORTH FEDERAL HWY, SUITE 2 - 1068 FORT LAUDERDALE, FL 33308				Mailing Address 5200 NORTH FEDERAL HWY, SUITE 2 - 1068 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMSON, JULIE M 2121 NE 61ST COURT FORT LAUDERDALE, FL 33308				Name Street Address (P.O. Box Number is Not Acceptable) 700 NE 4TH STREET City POMPANO BEACH FL Zip Code 33060	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D THOMSON, JULIE M 2121 NE 61 COURT FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 700 NE 4TH STREET POMPANO BEACH FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, CURTIS 2121 NE 61ST COURT FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 700 NE 4TH STREET POMPANO BEACH FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:			4-22-08 Date _____ Daytime Phone # _____		