


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2007 90038 002 ***158.75

DOCUMENT # P06000012049			
1. Entity Name KELLY'S FENCE, INC.			
Principal Place of Business 4839 ROSELLE STREET JACKSONVILLE, FL 32205 US		Mailing Address 4839 ROSELLE STREET JACKSONVILLE, FL 32205 US	
2. Principal Place of Business - No P.O. Box # 4838 Roselle St		3. Mailing Address 4838 Roselle St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
4. FEI Number 204191565		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01102007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WALKER, MICHAEL D 4839 ROSELLE STREET JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4838 Roselle St City Jacksonville FL Zip Code 32254	
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: Michael D. Walker V.P. (NOTE: Registered Agent signature required when reinstating) DATE: 4/6/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P,D KELLY, RICHARD 4839 ROSELLE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4838 Roselle St Jacksonville FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D LOURCEY, JEFF 4839 ROSELLE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4838 Roselle St Jacksonville FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D WALKER, MICHAEL D 4839 ROSELLE STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4838 Roselle St Jacksonville, FL 32254
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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 reports 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: Richard Kelly, Pres		SIGNATURE: Michael Walker V.P. DATE: 4/6/07 Daytime Phone #: 904 384 9232	