## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000023568

Entity Name: TRANSITION FENCE, INC.

423 SE 25TH DRIVE APT# 333

GAINESVILLE, FL 32641 US

Address: City-St-Zip: FILED May 21, 2008 Secretary of State

Entity Nan	ne: IRANSIII	ON FENCE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH STREET LLE, FL 32609	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 4 GAINESVIL	195 LLE, FL 32602	US			
FEI Number:	20-4318014	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2225 NE 8 <sup>-</sup> GAINESVIL	THOMAS T JF IH STREET LE, FL 32641 named entity su	US	ourpose of changing its registere	d office or registered agent, or both,	
in the State		ionnio ano otatoment for the p	on pools of smalligring his registers.	a cinico di regioterea agont, di botti,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () E QUARLES, VALE 2225 NE 8TH STI GAINESVILLE, F	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COO () E QUARLES, THOM 2225 NE 8TH STI GAINESVILLE, F	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PMGR () [ QUARLES, JAMI	Delete A	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: VALERIE QUARLES CEO 05/21/2008