

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-11-2007 90041 005 ***150.00

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1. Entity Name

GOOD NEIGHBOR FENCING, INC.



Principal Place of Business

6530 SW 10TH ST
PEMBROKE PINES FL 33023

Mailing Address

6530 SW 10TH ST
PEMBROKE PINES FL 33023



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

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4839201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALASCA, MARK C
9020 GARDENS GLEN CIRCLE
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FALASCA, BRADEN J	
STREET ADDRESS	320 NW 116TH ST	
CITY- ST- ZIP	NORTH MIAMI FL 33168-3415	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FALASCA, RYAN P	
STREET ADDRESS	6530 SW 10TH ST	
CITY- ST- ZIP	PEMBROKE PINES FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALASCA, GARY C	
STREET ADDRESS	6530 SW 10TH ST	
CITY- ST- ZIP	PEMBROKE PINES FL 33023	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FALASCA, JUDI P	
STREET ADDRESS	6530 SW 10TH ST	
CITY- ST- ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALASCA, Judi P.	
STREET ADDRESS	6530 SW 10TH ST.	
CITY- ST- ZIP	PEMBROKE PINES, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Braden J. Falasca BRADEN J. FALASCA

4/10/2007

954 8617117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #