2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# P06000062864

Entity Name: GOOD NEIGHBOR FENCING, INC.

Current Principal Place of Business:

6530 SW 10TH ST
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

6530 SW 10TH ST
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 20-4839201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FALASCA, BRADEN J
Address: 320 NW 116TH ST
City-St-Zip: NORTH MIAMI, FL 331683415

Title: VP ( ) Delete
Name: FALASCA, JUGI P
Address: 6530 SW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S ( ) Delete
Name: FALASCA, GARY C
Address: 6530 SW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33023

Title: AS (X) Delete
Name: FALASCA, JUDI P
Address: 6530 SW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FALASCA, BRADEN J
Address: 1645 NE 32 ST UNIT 1
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP (X) Change ( ) Addition
Name: FALASCA, JUDI P
Address: 6530 SW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUDI FALASCA VP 04/07/2008

Electronic Signature of Signing Officer or Director Date