2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90853 046 ***150.00

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1. Entity Name
AFFORDABLE FENCING UNLIMITED, INC.

Principal Place of Business	Mailing Address
1226 THE GROVE RD ORANGE PARK, FL 32073 US	1226 THE GROVE RD ORANGE PARK, FL 32073 US

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5620 COLLINS RD.		5620 COLLINS RD.	
Suite, Apt. #, etc. #814		Suite, Apt. #, etc. #814	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL.	
Zip 32254	Country USA	Zip 32254	Country USA

4. FEI Number 30-0368008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VELEZ, LEONARD A
1226 THE GROVE RD
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name SNYDER, MARTIN D.
Street Address (P.O. Box Number is Not Acceptable)
5620 COLLINS RD. #814
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 Martin D. Snyder MARTIN D. SNYDER PRES. 4-27-07
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

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 VELEZ, LEONARD 1226 THE GROVE RD ORANGE PARK, FL 32073	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SNYDER, MARTIN D. 5620 COLLINS RD. #814 JACKSONVILLE, FL. 32254	☐ 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
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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: Martin D. Snyder MARTIN D. SNYDER 4-27-07 904 755-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #