8 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUME

T # P06000157628

1. Entity Narte FSC FENCE SYSTEMS, INC.



FILED May 02, 2008 08:00 Al Secretary of State

Principal Place of Business

6425 ULMERTON RD., UNIT A LARGO, FL 33771

Mailing Address

6425 ULMERTON RD., UNIT A LARGO, FL 33771



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CR2E034 (11/05) No Cha-P 04222008

> Applied For Not Applicable

20-8156936 5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENZEL, STEVEN

DO NOT WRITE

633 N. FR. TAMPA, F	ANKLIN ST., SUITE 500 L 33602	<u>-</u>		IN THIS SPACE						
	enamed entity submits this statement for the plions of registered agent.	ourpose of changing its re	gistere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept					
SIGNATURE	Signature, typed or printed name of registered agent and little	f applicable (NOTE P	legistere:	d Agent signature required when reinstating)	DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPENELLA, JOSEPH 6425 ULMERTON RD., UNIT A LARGO, FL 33771			the consequence of the second	Caledo U000000845254 (120 141 141 141 141 141 141 141 141 141 14					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			U5/30/08-80001-00/ 150,00					

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP