

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021007

Entity Name: 343 FENCING, INC.

FILED  
Mar 25, 2008  
Secretary of State

**Current Principal Place of Business:**

7346 NW 93RD COURT  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1946  
OKEECHOBEE, FL 34973 US

**New Mailing Address:**

FEI Number: 20-8456065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, JOSEPH M  
8590 NE 224TH STREET  
OKEECHOBEE, FL 34972 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: SULLIVAN, JOSEPH  
Address: 8590 NE 224TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VP ( ) Delete  
Name: WOOTEN, JOHN R  
Address: 90 PEACH STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOSEPH SULLIVAN

P

03/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date