

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90005 004 ***150.00

DOCUMENT # P93000060205

1. Entity Name
INVISIBLE FENCE OF THE FIRST COAST INC.



Principal Place of Business
5100 SUNBEAM RD.
SUITE 8
JACKSONVILLE, FL 32257 US

Mailing Address
5100 SUNBEAM RD.
SUITE 8
JACKSONVILLE, FL 32257 US

40006547



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3324037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

1646
FITZPATRICK, JACK R
~~1696~~ PINECREST DR
ORANGE PARK, FL ~~32073~~ *32003*

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME <i>1646</i> STREET ADDRESS CITY-ST-ZIP	PTD FITZPATRICK, JACK R 1696 PINECREST DR ORANGE PARK, FL 32073 <i>32003</i>
TITLE NAME <i>1646</i> STREET ADDRESS CITY-ST-ZIP	VSD FITZPATRICK, JULIA R 1696 PINECREST DR ORANGE PARK, FL 32073 <i>32003</i>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jack R. Fitzpatrick **JACK R. FITZPATRICK, PRES.** *1/19/2005* *904/262-5100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #