2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P94000068412 04-12-2004 90334 009 ***150.00 SMYRNA FENCE SUPPLY, INC. Principal Place of Business Mailing Address 14001492 1611 W CANAL ST 1611 W CANAL ST NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3273785 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DYER, WILLIAM T.JR ----Street Address (P.O. Box Number is Not Acceptable) 1611 W CANAL ST NEW SMYRNA BEACH, FL 32168 City Zip Code 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete D/P/ ☐ Addition TITLE TITLE DYER, WILLIAM T JR NAMÉ STREET ADDRESS 1611 W CANAL ST STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE DYER William T. Sr. 1611 W. CANALST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP New Smyrna Beach FL. CITY-ST-ZIF ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SmyrnA Beach TITLE. TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

WILLIAM T. DYER Jr. 4-9 04 386-427-0678 SIGNATURE: William T. Dyen Signature and typed or Printed Marke of Signature and typed or Printed Marke of Signature