## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2005 08:00 AM Secretary of State

DOCUMENT # P95000057557  1. Entity Name AARO FENCE, INC.			Secretary of State	
13380 JACQUELINE RD 1	ailing Address 3380 JACQUELINE RD ROOKSVILLE, FL 34613 US		E HALAK BENJI BERJA ARNIK KANTA BANTA BENJA TERJA ANDAK BINJA KANTA HALAK	
DO NOT WRITE IN THIS SPACE			No Chg-P	
6. Name and Address of Current Regis	tered Agent	5. Certificate	of Status Desired Fee Required	
13380 JACQUELINE RD.			NOT WRITE 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10. OFFICERS AND DIRECT	TOAS			
NAME BALLEW, RANDY C STREET ADDRESS 13380 JACQUELINE RD CITY-ST-ZIP BROOKSVILLE, FL 34613			000000238834 02/22/05-80016-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	927 227 09 TOU 18 TOU . BU	
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THE REAL PROPERTY AND ADDRESS	
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: JOHN DAVING OFFICER OR DIRECTOR DAVING OFFICER OR DIRECTOR DAVING Phone 4				