2005 FOR PROFIT CORPORATION ANNUAL REPORT SECRETARY OF STATE

FILED
SECRETARY OF STATE
DIVISION OF COMPORATIONS

1. Entity Name L & J SECURITY FENCE, INC.							05 JUL 18 PM 3: 35				
Principal Plac	e of Busines	s	Mailing Address		1 <u></u>	i					
26332 RICHBORN RD P.O. BOX 1113 BROOKSVILLE, FL 34622 BROOKSVILLE, FL 34											
2. Principal F	Place of Busin	ness	3. Mailing Address	J. Meiling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06022005	Chg-P	CR2E03	4 (10/03)	•	
City & State			City & State		4. FEI Numbe 59-336				optied For lot Applicable		
Zip Country			Zip	ntry	5. Certificate	of Status Desired		8.75 Ac			
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Aç	pent		
THOMPSON, DEBORAH W											
26332 RICHBORN RD BROOKSVILLE, FL 34622					Street Address (P.O. Box Numbe	r is Not Acceptable	·)			
					City	E Zip Code					
8. The above	named entit	y submits this statement for	the purpose of changing its	registen	ed office or register	ed agent, or bot	h, in the State of Fio	FL.		· .	
SIGNATURE.	llons of regis	ered agent.									
SIGNATURE.	Signature, typed	or printed name of registered agent a	and dile if applicable. (NOT)	⊵ Aegistere	d Agent signesure required	when reinstating)		DATE			
		r FEE IS \$550.00 Tember 7, 2005	Election Campai Trust Fund Cont			00 May Be ad to Fees					
10.	PST	OFFICERS AND		11.	· · · · · ·	ADDITIONS/	CHANGES TO OFF)	CERS AND D	RECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, DEBORAH W				E ET ADORESS -ST-7IP	☐ Change ☐ Addilion					
TITLE	VP	1100	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, JEFFERY B 26332 RICHBORN RD BROOKSVILLE, FL 34601			•	E Et adoress -si-zip						
TITLE NAME STREET ADDRESS	☐ Delete			TITLE HAME STREE	T I			Ē	Change	☐ Addition	
City-St-ZIP					61-7F						
NAME STREET ADDRESS CITY-ST-ZIP			C.) Deleta		_ 1			C] Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Dekete	TITLE NAME STREE] Change	Addition	
CITY-ST-ZIP TITLE	···		☐ Delete	CITY-	ST-ZIP			-	1 00		
NAME STREET ADDRESS CITY-ST-ZIP			<u>च्चा एक्टस्</u>	MANE STREE				L] Change	Addition	
of the con	poration or th	e receiver or trustee empor	this filing does not qualify for true and accurate and that m wered to execute this report a phali other fike empowered.	the exen y signati as requir	nption stated in Secure shall have the state of the state	tion 119.07(3)(i), ame legal effect Florida Statutes	Florida Statutes. I f as if made under ca and that my name	urther certify th; that I am appears in 8	that the ir an officer lock 10 or	nformation or director Block 11 if	
SIGNAT	URE:	SOUNT OF AND TYPED ON PE	ENTED NAME OF SIGNING OFFICER	pi Delicerro	DR	6-	15 <u>-</u> CS		-184 -184	ط	

L&J SECURITY FENCE, INC.

P.O. BOX 1113 BROOKSVILLE, FL 34605 PHONE (352) 754-1846 FAX (352) 754-1941

July 11, 2005

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, F1 32314

Reference Number: P96000013327

This letter is in reference to a \$400.00 balance on L & J Security Fence, Inc.

We did not receive any forms to send to the Division of Corporations to renew MMKX our annual report When we did send you forms they were off the internet and were not accepted along with our \$150.00.

We feel we have made the effort required, and feel it to be a hardship in asking us to pay an additional \$400.00. Due to the fect we never received our 2005 Annual Report in the mail.

If there are any questions, please feel free to contact me at the number above. Otherwise I will assume that \$150.00 will be all we are paying until Annual Report is due again next year.

Sincerely,

Deborah Thompson, President

2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

06-24_F2005 90001 028 ***150.00 SECRETARY P96000013327 DIVISION OF CORPORATIONS **DOCUMENT # P96000013327** 05 JUL 18 PM 4: 16 L & J SECURITY FENCE, INC. Principal Place of Business Mailing Address 26332 RICHBORN RD P.O. BOX 1113 BROOKSVILLE, FL 34622 BROOKSVILLE, FL 34605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 06022005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3363014 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, DEBORAH W 26332 RICHBORN RD Street Address (P.O. Box Number is Not Acceptable) BROOKSVILLE, FL 34622 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 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) 9. Election Campalgn Financing FILE NOWI!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, DEBORAH W NAME STREET ADDRESS 26332 RICHBORN RD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP VΡ TITLE ☐ Deleta TITLE □ Addition ☐ Change THOMPSON, JEFFERY B NAME NAME STREET ADDRESS 26332 RICHBORN RD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP TITLE ☐ Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF-CITY-ST-ZIP-TITLE Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deteta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-742 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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 it made under cath; 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

all other like empowered.

ED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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7.54-1841

<u>6-15-05</u>