

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90048 021 ***150.00

DOCUMENT # P97000030206

1. Entity Name

QUALITY FENCE CONTRACTORS INC.



Principal Place of Business

**498 SOUTHWEST VOLTAIR TERRACE
PORT SAINT LUCIE FL 34984
US**

Mailing Address

**2101 SE HEATHWOOD CIR
PORT SAINT LUCIE FL 34952
US**

6406J070



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

6456 NW Faye ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St. Lucie FL

4. FEI Number

65-0742156

Applied For

Not Applicable

Zip

Country

Zip

Country

34986

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIERSTEAD, JAMES J
2101 SE HEATHWOOD CIR
PORT SAINT LUCIE FL 34952**

Name

James J. Kierstead

Street Address (P.O. Box Number is Not Acceptable)

6456 NW Faye ST.

City

Port St. Lucie

FL

Zip Code

34986

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

James J. Kierstead

James J. Kierstead

3-23-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KIERSTEAD, JAMES J**
STREET ADDRESS **2101 SE HEATHWOOD CIR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

James J. Kierstead

James J. Kierstead

3-23-04

772-879 9126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #