

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000069487

Entity Name: DUN-RITE FENCE CO.

**FILED**  
**Aug 22, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

14425 64TH CT N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

14425 64TH CT N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 65-0855923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLIBBON, DALE S  
14425 64TH CT N  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

BOLLERMAN, CALEB A  
14425 64TH CT N  
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: CALEB A BOLLERMAN

08/22/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLIBBON, DALE S  
Address: 14425 64TH CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S ( ) Delete  
Name: CRATTY, THOMAS M  
Address: 14425 64TH CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BOLLERMAN, CALEB A  
Address: 14425 65TH CT NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALEB A BOLLERMAN

VP

08/22/2006

Electronic Signature of Signing Officer or Director

Date