## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

Pricipal Place of Business  5401 EVORA AVE  SARASOTA, FL 34235  DO NOT WRITE IN THIS SPACE  O4052005 No Chg.P CR2E034 (10/03)  4. FEI Number  6. Name and Address of Gurrent Registered Agent  WOMELDORPH, HOWARD R  7648 LOCKWOOD RIDGE ROAD  SARASOTA, FL 34243  DO NOT WRITE  IN 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 prived faume or registered agent and one is applicable.  PILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  PILE TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  TRUE  DO NOT WRITE  IN THIS SPACE  DO NOT WRITE  IN THIS SPACE  Signature required when remistaring DATE  PLIE IN OWNII FEE IS \$150.00  PATE Trust Fund Contribution.  Added to Fees	DOCUMENT # P9900005857 1. Entity Name SARASOTA FENCE, INC.	76			ary or state
DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0932/003   Applied For 65-0932/003   S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  WOMELDORPH, HOWARD R 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243  BOO NOT WRITE IN 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 private fame of registered agent and use if applicable. (NOTE Registered Agent signature required when rematating). DATE  FILE NOW!!! FEE IS \$150.00	5401 EVORA AVE	5401 EVORA AVE	•		
WOMELDORPH, HOWARD R 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243  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 private hame of registered agent and size if applicable. (NOTE, Registered Agent signature required when reinstating)  PILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS			<b>DE</b>	04052005 No Chg-P CR2E03.  4. FEI Number 65-0932003  5. Certificate of Status Desired.	4 (10/03)  Applied For  Not Applicable  8.75 Additional
the obligations of registered agent.  SIGNATURE  Signature, typed or prifiled hame of registered agent and site of applicable. (NOTE, Registered Agent	WOMELDORPH, HOWARD R 7648 LOCKWOOD RIDGE ROAD	- - - -			
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  ITTLE D	the obligations of registered agent.  SIGNATURE			<u> </u>	miliar with, and accept
TITLE D	PILE NORM FEE 13 \$ 130,000				
NAME   TELLEZ, ORLANDO   STREET ADDRESS   5401 EVORA AVE.   U00000354831   O5/03/05-80123-007 150.00    TITLE   NAME   STREET ADDRESS   STREET ADDRESS   O5/03/05-80123-007 150.00   O5/03/05-80123-007   O5/03/05-80120-007   O5/03/05-80120-007   O5/03/05-80120-007   O5/03/05-80120-007   O5/03/05-80120-00	TITLE D NAME TELLEZ, ORLANDO STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 TITLE NAME	CTORS		U00000354831 05/03/05-80123-0	07 150.00
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  IN THIS SPACE	TITLE NAME STREET ADDRESS CITY-S1-ZIP	<u> </u>			
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Library and in Society and Indiana.	NAME STREET ADDRESS CITY-ST-ZIP	The dead are the first transfer and the first transfer are the first	police should be	dien 140 07/2Vi) Floring Cohen Linder W	Hert the information
12. Thereby certify that the information supplied with this filling 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 receive for 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:  SIGNATURE:  SIGNATURE  SIGNATURE					