2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AF Secretary of State

	ANNUAL	REPURI	وحمد بيده.	. 1∀.	1ay 01, 2000 00.0
DOCUMENT # P99000074711					Secretary of Sta
Sentity Name CONSUMER FENCE SERVICES, INC.					
	,				
Principal Plac	ce of Business	Mailing Address			
2709 N.W. 1	19TH ST. Dale, Fl. 33311	9470 W. BOYNTON BCH. BLVE BOYNTON BEACH, FL 33437),		
ri. LAUDLIN	DALL, 11 33311	BOTHTON BEAGN, TE 33437			

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DO NOT WRITE IN THIS SPAC			CE	4. FEI Number	Applied For
				65-0970430	Not Applicable
		, g gs vs Cr		5. Certificate of Status Desir	red \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		4 () () () () () () () () () (
STROUD, SUZZETTE K 9470 WEST BOYNTON BEACH BLVD.				DO NOT	WRITE
BOYNTON BEACH, FL 33437			IN THIS	SPACE	
	named entity submits this statement for the	ne purpose of changing its register	 ed office or register	ed agent, or both, in the State	of Florida. I am familiar with, and accept
the obliga	tions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	when reinstating)	DATE
FII	E NOW!!! FEE IS \$150.00	9. Election Campaign Final	ncing _ \$5.	00 May Be	
After M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees	
10.	OFFICERS AND DI	RECTORS		l m	1
NAME	STROUD, CARLTON D		¢		
STREET ADDRESS CITY-ST-ZIP	9470 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33311			100c	1000939020
TITLE NAME	VSTD STROUD, SUZZETTE K			05/28.	'08-80008-021@150.00 b
STREET ADDRESS	9470 W. BOYNTON BEACH BLVD.				
CITY-ST-ZIP	BOYNTON BEACH, FL 33311		- ·		
NAME STREET ADDRESS					
CITY- ST- ZIP				DO NOT	WRITE
TITLE NAME				IN THIS	SPACE
STREET ADDRESS					e e e e e e e e e e e e e e e e e e e
TITLE			, ,		
NAME STREET ADDRESS			79 H		
CITY+ST-ZIP					
TITL C			-	ser negt # e "	48.
TITLE NAME				4 4	

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

SUZZETE K STROUD SUZZETE K STROUD

Date

Daytme Phone #