

# 2010 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P990000081148

1. Corporation Name

All Fence, Inc

2. Principal Office Address - No P.O. Box #

6226-76<sup>th</sup> Av

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 358

Suite, Apt. #, etc.

City & State

Pinellas Park FL

Zip 33781

Country

USA

City & State

Pinellas Park FL

Zip

33780

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1999

5. FEI Number

59-3596893

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Johnny Lee Wood

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

6226 76<sup>th</sup> Av N.

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

33781

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Johnny Lee Wood*

4-23-10

REGISTERED AGENT MUST SIGN

Date

4-23-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner of	Johnny L. Wood	6226 76 <sup>th</sup> Av	Pinellas Park, FL 33781

10. E-mail Address: woodhollyann@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Johnny Lee Wood*

Johnny Wood

4-23-10

Date

Daytime Phone #

727-547-5411