

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S67940

1. Entity Name
HILLSBOROUGH FENCE, INC.



Principal Place of Business
6211 W HILLSBOROUGH AVE
TAMPA, FL 33634

Mailing Address

6211 W HILLSBOROUGH AVE
TAMPA, FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3075268

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MLEY, LAWRENCE
6211 W HILLSBOROUGH AVE
TAMPA, FL 33634

Name

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

City

FL Zip Code

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 printed name of registered agent and hide if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 DP Delete
NAME MILEY, LAWRENCE
STREET ADDRESS 6211 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME TURNER, LEONARD
STREET ADDRESS 624 BEACH DR
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D VP Change Addition
NAME Leangry Turner
STREET ADDRESS 205 Latce Charles CT
CITY-ST-ZIP Oldsmar FL 34677

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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: *Lawrence Mley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06 *(813) 737-9696*

Date

Daytime Phone #