

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V34168

1. Entity Name
RONNIE'S FENCE & FENCE REPAIR INC.



Principal Place of Business
**226 BUTTONWOOD
TAVERNIER, FL 33070**

Mailing Address
**P.O. BOX 1404
TAVERNIER, FL 33070 US**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0338960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, RONALD L
226 BUTTONWOOD LANE
TAVERNIER, FL 33070**

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000414520

02/11/06-80040-010 150.00

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, RONALD 226 BUTTONWOOD TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, MICHAEL 226 BUTTONWOOD TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, CHRISTOPHER 226 BUTTERWOOD LANE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, MARY P 226 BUTTONWOOD LANE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Mary P Williams ST*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06 *305-852-8449*
Date Daytime Phone if