

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34168

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

226 BUTTONWOOD
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1404
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 65-0338960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1380915
DELTONA, FL 32725 US

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.

SIGNATURE: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, RONALD,
Address: 226 BUTTONWOOD
City-St-Zip: TAVERNIER, FL

Title: VPD () Delete
Name: WILLIAMS, MICHAEL
Address: 226 BUTTONWOOD
City-St-Zip: TAVERNIER, FL

Title: VPD () Delete
Name: WILLIAMS, CHRISTOPHER
Address: 226 BUTTERWOOD LANE
City-St-Zip: TAVERNIER, FL 33070

Title: ST () Delete
Name: WILLIAMS, MARY P
Address: 226 BUTTONWOOD LANE
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, RONALD L
Address: P.O. BOX 1404
City-St-Zip: TAVERNIER, FL 33070 US

Title: VP (X) Change () Addition
Name: WILLIAMS, MICHAEL
Address: 226 BUTTONWOOD
City-St-Zip: TAVERNIER, FL 33070 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA CLARK FOR RONALD L WILLIAMS

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date