

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90042 038 \*\*\*150.00

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01162007 Chg-P CR2E034 (12/06)

| <b>DOCUMENT # K97846</b><br>1. Entity Name<br><b>MADISON FENCE INC.</b>  |                                     |                                 |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|--|-------------------------------------|---------------------------------|---|---|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|------------|--|----------------|--|--|-----------------|-------------------------------------|--|-----------------|--|--|-------|---|---------------------------------|-------|--|---|------|--------------|--|------|--|--|----------------|-------------------------------------|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|
| Principal Place of Business<br><b>117 SE BENNETT ST<br/>MADISON, FL 32340-2403</b>   |                                     |                                 | Mailing Address<br><b>117 SE BENNETT ST<br/>MADISON, FL 32340-2403</b>  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                     |                                 | 3. Mailing Address  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Suite, Apt. #, etc.  |                                     |                                 | Suite, Apt. #, etc.   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State   |                                     |                                 | City & State  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip  |                                     | Country                         |   | Zip   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Country  |                                     | Country                         |   | 4. FEI Number<br><b>59-2954575</b>  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                     |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ELLIS, ROY<br/>117 SE BENNETT ST<br/>MADISON, FL 32340</b>   |                                     |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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.  |                                     |                                 |   | FL Zip Code   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                     |                                 |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |                                     |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ELLIS, ROY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>P O BOX 57 WEST FARM RD N/A LEE, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ELLIS, FRANK</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P O BOX 51 WEST FARM RD N/A LEE, FL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |                                     |                                 |   |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | ELLIS, ROY |  | STREET ADDRESS |  |  | CITY - ST - ZIP | P O BOX 57 WEST FARM RD N/A LEE, FL |  | CITY - ST - ZIP |  |  | TITLE | D | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | ELLIS, FRANK |  | NAME |  |  | STREET ADDRESS | P O BOX 51 WEST FARM RD N/A LEE, FL |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | NAME                                | <input type="checkbox"/> Delete | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | ELLIS, ROY                          |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | P O BOX 57 WEST FARM RD N/A LEE, FL |                                 | CITY - ST - ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | D                                   | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   | ELLIS, FRANK                        |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | P O BOX 51 WEST FARM RD N/A LEE, FL |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                                     |                                 | CITY - ST - ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                                     | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                                     |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                                     |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                                     |                                 | CITY - ST - ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                                     | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                                     |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                                     |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                                     |                                 | CITY - ST - ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                                     | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                                     |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                                     |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                                     |                                 | 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.   |                                     |                                 |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>SIGNATURE:</b> <u>Roy Ellis</u> <span style="float: right;">1-22-07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                     |                                 |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |            |  |                |  |  |                 |                                     |  |                 |  |  |       |   |                                 |       |  |   |      |              |  |      |  |  |                |                                     |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |