


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000071931</b>	
1. Entity Name <b>FENSCAPE FENCE CO., INC.</b>	

Principal Place of Business <b>533 MADISON AVE ORANGE PARK, FL 32065</b>	Mailing Address <b>533 MADISON AVE ORANGE PARK, FL 32065</b>
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**DO NOT WRITE IN THIS SPACE**



06042007-01 No Chg-P. 201 CR2E034 (11/05)

4. FEI Number <b>57-1205697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JONES, TERRANCE A 3509 HWY 17 ORANGE PARK, FL 32003</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>07/24/07-80012-011 150.00</b>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LURIE, RICHARD C 533 MADISON AVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLKER, CAROL ANNE 4544 TIMUQUANA RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, STEPHEN M 506 MEADOWBROOK DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** *Carol Anne Walker* **CAROL ANNE WALKER** 7/19/07 4:44 PM