

2007 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90038 007 ***158.00

DOCUMENT # 466650

1. Entity Name

SECURITY FENCE COMPANY OF FLORIDA, INC.



Principal Place of Business
6910 WAYCROSS AVE
TAMPA FL 33619

Mailing Address
6910 WAYCROSS AVENUE
TAMPA FL 33619



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

4. FEI Number **59-1575693**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GADNER, J. STEPHEN
SUNSHINE STATE FEDERAL BUILDING
BRANDON FL 33511

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 title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PC SANDERFUR SR, L. G. 6910 WESTINGHOUSE AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SDT SANDERFUR, LUCILLE 6910 WESTINGHOUSE AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SANDERFUR JR L.G 6914 WESTINGHOUSE AVENUE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SANDERFUR RONNIE W 6907 29 AVENUE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Learon M. Sanderfur*
LEARON M. SANDERFUR SA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07

876265001

Date

Days the Phone #