

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90286 011 \*\*\*150.00

**DOCUMENT # 476510**

1. Entity Name

**BIG JOHN FENCE CO., INC.**



Principal Place of Business

**5066 LUCILLE DR  
JACKSONVILLE FL 32205**

Mailing Address

**5066 LUCILLE DR  
JACKSONVILLE FL 32254  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**59-1602956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, JOHN RONALD  
2335 #202  
COSTA VERDE BLVD  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **PATRICIA DAVIS**  
Street Address (P.O. Box Number is Not Acceptable)

**3546 Westwood Street  
City Jacksonville FL Zip Code 32254**

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

*Patricia Davis* - Patricia DAVIS

**2-2-06**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 **ST** ☐ Delete  
NAME **DAVIS, PATRICIA F**  
STREET ADDRESS **3546 WESTWOOD STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **PD** ☒ Delete  
NAME **DAVIS, JOHN RONALD**  
STREET ADDRESS **2335 #202 COSTA VERDE BLVD**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VP** ☒ Delete  
NAME **SUTTON, MICHAEL LEE**  
STREET ADDRESS **3547 HYACINTH ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☒ Delete  
NAME **DAVIS, MICHAEL W**  
STREET ADDRESS **5074 LUCILLE DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition  
NAME **Sutton, Veronica Sue**  
STREET ADDRESS **3890 Bulls Bay Hwy**  
CITY-ST-ZIP **Jacksonville, FL 32220**

TITLE **President** ☒ Change ☐ Addition  
NAME **Patricia Davis**  
STREET ADDRESS **3546 Westwood Street**  
CITY-ST-ZIP **Jacksonville, FL 32254**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia Davis* - Patricia DAVIS **2-2-06** **781-1188**