## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 06, 2006 8:00 am Secretary of State 04-06-2006 90024 031 \*\*\*150.00 **DOCUMENT # K83295** WHITE PICKET FENCE, INC. Principal Place of Business Mailing Address 50009644 153 WEST STREET 153 WEST STREET NAPLES, FL 34108 NAPLES, FL 34108 US No Chg-P 03312006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0134174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREEMAN, YALE T. DO NOT WRITE 153 WEST STREET NAPLES, FL 34108 IN THIS SPACE 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE FREEMAN, YALE T. NAME STREET ADDRESS 153 WEST STREET CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 af with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURÈ:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**