

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90043 020 \*\*\*150.00

40010791



01262007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # K83295</b> 1. Entity Name <b>WHITE PICKET FENCE, INC.</b>			
Principal Place of Business <b>153 WEST STREET</b> <b>NAPLES, FL 34108 US</b>		Mailing Address <b>153 WEST STREET</b> <b>NAPLES, FL 34108 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2325 Stamford Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>2325 Stamford Ct</b> Suite, Apt. #, etc.	
City & State <b>Naples FL</b> Zip Country <b>34112 USA</b>		City & State <b>Naples FL</b> Zip Country <b>34112 USA</b>	
4. FEI Number <b>65-0134174</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>FREEMAN, YALE T.</b> <b>153 WEST STREET</b> <b>NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent Name <b>Freeman, Yale T</b> Street Address (P.O. Box Number is Not Acceptable) <b>2325 Stamford Ct.</b> City <b>Naples FL</b> Zip Code <b>34112</b>	
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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FREEMAN, YALE T.</b> <b>153 WEST STREET</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Freeman, Yale T.</b> <b>2325 Stamford Ct.</b> <b>Naples, FL 34112</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Pre</b>		Date: <b>1/26/07</b> Daytime Phone #: <b>239-530-25</b>	