

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000020388 1. Entity Name KINDERGUARD POOL FENCE, INC.	
---	---

Principal Place of Business 2200 MEARS PARKWAY BAY 2200 MARGATE, FL 33063	Mailing Address 21050 ESCONDIDO WAY NORTH BOCA RATON, FL 33433-2517
---	---



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1084011	Applied For ☐ Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLOSFELDS, IVAR 21050 ESCONDIDO WAY NORTH BOCA RATON, FL 33433
--

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	D BLOSFELDS, IVAR 21050 ESCONDIDO WAY NORTH BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSFELDS, GAIL M 21050 ESCONDIDO WAY NORTH BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000468734
03/24/06-80042-025 150.00

**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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: *IVAR BLOSFELDS* **IVAR BLOSFELDS PRESIDENT** **3/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr