

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P02000031010

1. Entity Name

S & S FENCE AND DECK OF PERRY, INC.



Principal Place of Business

1218 BUCKEYE NURSERY RD.  
PERRY FL 32347

Mailing Address

1218 BUCKEYE NURSERY RD.  
PERRY FL 32347



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 50-0001614

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

HATHCOCK, DAWN  
1218 BUCKEYE NURSERY RD.  
PERRY FL 32347

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 resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PVTD  
HATHCOCK, DAWN  
1218 BUCKEYE NURSERY RD.  
PERRY FL 32347 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SD  
KINGSTON, RAYBURNE K  
1218 BUCKEYE NURSERY RD.  
PERRY FL 32347 ☐ Delete

TITLE  
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CITY-STATE-ZIP  
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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:

*Dawn Hathcock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN A Hathcock 4-24-07

Date

Daytime Phone #

850-584-3587