

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90004 010 ***150.00

DOCUMENT # P02000083599

1. Entity Name
NORTH FLORIDA FENCE & SUPPLY, INC.



Principal Place of Business
P.O. BOX 15643
PANAMA CITY, FL 32406

Mailing Address
P.O. BOX 15643
PANAMA CITY, FL 32406

40094952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006

Chg-P

CR2E034 (11/05)

4. FEI Number
05-0529199

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

KNOWLES, GAIL M
1604 LOUISE AV
PANAMA CITY, FL 32401

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 -
Due by September 6, 2006

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KNOWLES, GAIL M ☐ Delete
STREET ADDRESS 1604 LOUISE AV
CITY-ST-ZIP PANAMA CITY, FL 32401

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

TITLE S/T
NAME KNOWLES, FRANK W ☐ Delete
STREET ADDRESS 1604 LOUISE AV
CITY-ST-ZIP PANAMA CITY, FL 32401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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 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: *Gail Knowles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-06 (850) 785-2209
Date Daytime Phone #



ATTACHMENT

Division of Corporations

40094952

Annual Report

Annual Report Help

Document Number

P02000083599

Business Entity Name

NORTH FLORIDA FENCE & SUPPLY, INC.

FEI Number

050529199

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

P.O. BOX 15643

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32406

Mailing Address

Address

P.O. BOX 15643

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32406

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

KNOWLES

GAIL

M

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

1604 LOUISE AV

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32401

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

ATTACHMENT

40094952

#P02000083599

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) KNOWLES GAIL M
- OR -
Entity Name to serve as Officer/Director _____
Street Address 1604 LOUISE AV
City, State PANAMA CITY FL
Zip Code & Country 32401

Title S/T
Name (Last, First, Middle, Title) KNOWLES FRANK W
- OR -
Entity Name to serve as Officer/Director _____
Street Address 1604 LOUISE AV
City, State PANAMA CITY FL
Zip Code & Country 32401

Title _____
Name (Last, First, Middle, Title) _____
- OR -
Entity Name to serve as Officer/Director _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
- OR -
Entity Name to serve as Officer/Director _____
Street Address _____
City, State _____
Zip Code & Country _____

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Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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