


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000090873 1. Entity Name LEMON BAY FENCE, INC.	
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Principal Place of Business 2851 11TH STREET ENGLEWOOD, FL 34224	Mailing Address 2851 11TH STREET ENGLEWOOD, FL 34224
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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE


4. FEI Number 30-0119601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, JEFFERY
 2851 11TH STREET
 ENGLEWOOD, FL 34224

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:  JEFFERY COX, PRESIDENT 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

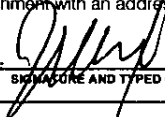
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, JEFF 2851 11TH ST ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COX, THERESA 2851 11TH ST ENGLEWOOD, FL 34224
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U00000749360
 05/18/07-80019-018 150.00

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:  JEFFERY COX 4/17/07 941-697-5783
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #