

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085251

1. Entity Name
C.F.K. FENCING, INC.



Principal Place of Business
**4652 KOALA DR
HOLIDAY, FL 34690**

Mailing Address
**4652 KOALA DR
HOLIDAY, FL 34690**

DO NOT WRITE IN THIS SPACE



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0116933

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, KENNETH C
4652 KOALA DR
HOLIDAY, FL 34690**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KENNETH C 4652 KOALA DR HOLIDAY, FL 34690
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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 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:

Kenneth C. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-06

Date

727 934-5162

Daytime Phone #