



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000137666 1. Entity Name JERRY ROOKS FENCING, INC.	
--	---

Principal Place of Business 17796 LARKIN CT E TALLAHASSEE, FL 32310	Mailing Address 17796 LARKIN CT E TALLAHASSEE, FL 32310
---	---

**DO NOT WRITE IN THIS SPACE**

**FILED**  
06 MAY -1 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number: <b>20-214 8930</b> <del>50-3628836</del>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROOKS, CHASTITY  
17796 LARKIN CT E  
TALLAHASSEE, FL 32310

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 ROOKS, JERRY 17796 LARKIN CT E TALLAHASSEE, FL 32310
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200074862182  
05/19/06--01026--013 \*\*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 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: Jerry Rooks 5-1-06 850-574-6621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #