## **FILED** May 03, 2007 08:00 A Secretary of State **2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000137666** JERRY ROOKS FENCING, INC. Mailing Address Principal Place of Business 17796 LARKIN CT E 17796! ARKIN CT E TALLAHÀSSEE, FL 32310 TALLAHASSEE, FL 32310 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-2148930 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROOKS, CHASTITY DO NOT WRITE 17796 LARKIN CT E TALLAHASSEE, FL 32310 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 reinstating DATE <del>000000759637</del> 05/24/07-80050-013 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ROOKS, JERRY 17796 LARKIN CT E STREET ADDRESS CITY-S1-ZIP TALLAHASSEE, FL 32310 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

10. TITLE

NAME

THE NAME

Title NAME

THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP