

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000142920
1. Entity Name
RAYMOND BLADES FENCE INSTALLATION, INC.



Principal Place of Business: 1294 W. GARON COVE, GENEVA, FL 32732
Mailing Address: P.O. BOX 157, MT VERNON, GA 30445



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 16-1720118 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POPE-JOHNSON, BOBBI
1294 GARON COVE
GENEVA, FL 32732

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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: *Bobbi Pope-Johnson* / Bobbi Pope-Johnson DATE: Jan 30, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLADES, RAYMOND
STREET ADDRESS	1294 W. GARON COVE
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	PCAD
NAME	BLADES, RAYMOND
STREET ADDRESS	1294 W BARON COVE
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80067-019 150.00
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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: *Bobbi Pope-Johnson* / Bobbi Pope-Johnson DATE: Jan 30, 2007 912-583-0013
Signature and typed or printed name of signing officer or director Daytime Phone #