

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **P04000046099**

1. Entity Name
SOLOMON'S FENCING INC.



**FILED
May 18, 2007 8:00 am
Secretary of State**

05-18-2007 90026 047 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 26440 ORNAGE CIR PAISLEY FL 32767	Mailing Address PO BOX 281 UMATILLA FL 32784
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2. Principal Place of Business - No P.O. Box # 26440	3. Mailing Address PO Box 281
Suite, Apt. #, etc. 	Suite, Apt. #, etc.

City & State PAISLEY, FL	City & State UMATILLA, FL
Zip 32767	Country LAKE
Zip 32784	Country LAKE

6. Name and Address of Current Registered Agent OLSON, TERRY 545 N UMATILLA BLVD UMATILLA FL 32784	7. Name and Address of New Registered Agent OLSON, TERRY 545 N UMATILLA BLVD UMATILLA FL 32784
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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 *Michael Solomon*

(NOTE: Registered Agent signature required when reinstating)

4/26/07

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, MICHAEL 260 N ORANGE AVE UMATILLA FL 32784	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Solomon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Day

Daytime Phone #