

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P05000028741 1. Entity Name WHITE FENCES, INC.	
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Principal Place of Business 5052 N TAMiami TR #B NAPLES, FL 34103	Mailing Address 5052 N TAMiami TR #B NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE

	
01212008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 20-2427341	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUIDIDAS, ANN M 5052 N TAMiami TR #B NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIDIDAS, ANN M 5052 N TAMiami TR #B NAPLES, FL 34103
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02/01/08-80034-012 150.00

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: *Ann Guidida* **1/23/08** **239 821 4750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #