


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000095801</b>	
1. Entity Name FENCE-IT IN INC.	
	
Principal Place of Business 10045 CR 44 LEESBURG, FL 34788 US	Mailing Address 10045 CR 44 LEESBURG, FL 34788 US



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3106267	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

CLARK, LINDA A  
22220 BLUE CREEK LODGE RD  
ASTOR, FL 32102

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CLARK, LINDA A
STREET ADDRESS	22220 BLUE CREEK LODGE RD
CITY - ST - ZIP	ASTOR, FL 32102

TITLE	SEC
NAME	CLARK, WILLIAM D
STREET ADDRESS	22220 BLUE CREEK LODGE RD
CITY - ST - ZIP	ASTOR, FL 32102

TITLE	VP
NAME	CLARK, KEVIN D
STREET ADDRESS	22220 BLUE CREEK LODGE RD
CITY - ST - ZIP	ASTOR, FL 32102

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000719838  
05/01/07-80079-020 150.00

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:**

*Linda A. Clark* Linda A. Clark

1-29-07 352-315-1952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #