

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

04-25-2008 90111 034 ***150.00

DOCUMENT # P05000095801

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**

00011700



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3106267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 Agents 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLARK, LINDA A 22220 BLUE CREEK LODGE RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CLARK, WILLIAM D 22220 BLUE CREEK LODGE RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, KEVIN D 22220 BLUE CREEK LODGE RD 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**

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 Clark* **Linda Clark**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-08 352-315-1952

Date

Daytime Phone #