

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000019620

1. Entity Name
JEFF THE FENCE GUY, INC.



**FILED
Apr 12, 2007 8:00 am
Secretary of State**

04-12-2007 90038 044 ***150.00

40058331



04102007 Chg-P CR2E034 (12/06)

4. FEI Number
74-3163956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOHN, JEFF
767 S. STATE RD.7, STE. 1
MARGATE, FL 33068

Name

Kohn, Jeff

Street Address (P.O. Box Number is Not Acceptable)

8930 State Rd 84 #215

City

Davie

FL

Zip Code
33324

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

Jeffrey E. Kohn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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: D
NAME: KOHN, JEFF
STREET ADDRESS: 767 S. STATE RD.7, STE. 1
CITY ST ZIP: MARGATE, FL 33068

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: Kohn, Jeff
STREET ADDRESS: 8930 State Rd 84 #215
CITY ST ZIP: Davie, FL 33324

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

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: *Jeffrey E. Kohn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #