


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90038 044 ***150.00

DOCUMENT # P06000019620 1. Entity Name JEFF THE FENCE GUY, INC.					
Principal Place of Business 767 S. STATE RD.7, STE. 1 MARGATE, FL 33068			Mailing Address 767 S. STATE RD.7, STE. 1 MARGATE, FL 33068		
2. Principal Place of Business - No P.O. Box # 8930 State Rd 84		3. Mailing Address 8930 State Rd 84			
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. 215			
City & State Davie, FL		City & State Davie, FL		4. FEI Number 74-3163956	
Zip 33324		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent 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: <u><i>Jeffrey E Kohn</i></u> <small>Signature, typed or printed name of registered agent and file if applicable (NOT Registered Agent signature required when reinstating)</small> DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D KOHN, JEFF 767 S. STATE RD.7, STE. 1 MARGATE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kohn, Jeff 8930 State Rd 84 #215 Davie, FL 33324
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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 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: <u><i>Jeffrey E. Kohn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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