

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-12-2007 90106 039 \*\*\*150.00

DOCUMENT # P06000022466

1. Entity Name

JARNAGIN FENCE INC



Principal Place of Business  
5727 LINCOLN STREET  
HOLLYWOOD FL 33021  
US

Mailing Address  
5727 LINCOLN STREET  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business - No P.O. Box #  
5727 Lincoln St.

3. Mailing Address  
5727 Lincoln St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hollywood FL.

City & State  
Hollywood Florida

4. FEI Number  
204320649

☐ Applied For  
☐ Not Applicable

Zip Country  
33021 America

Zip Country  
33021 America

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARNAGIN, JOHN L  
5727 LINCOLN STREET  
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
JARNAGIN, JOHN L  
STREET ADDRESS 5727 LINCOLN STREET  
CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jon Jarnagin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/07 954-274-7843

Date

Daytime Phone #