

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # P97000012309.

1. Entity Name
PLAYFENCE, INC.



Principal Place of Business Mailing Address
**2626 RIO GRANDE DRIVE 2626 RIO GRANDE DRIVE
PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 US**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0742565

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, JOHN M
2626 RIO GRANDE DRIVE
PUNTA GORDA, FL 33950**

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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 Agent 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	VST
NAME	WILLIAMS, JOHN M
STREET ADDRESS	2626 RIO GRANDE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	P
NAME	WILLIAMS, NORA S
STREET ADDRESS	2626 RIO GRANDE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/02/08-80018-006, 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Williams **JOHN WILLIAMS** 1/21/08 941-639-5959