

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000074711

1. Entity Name
CONSUMER FENCE SERVICES, INC.



Principal Place of Business
2709 N.W. 19TH ST.
FT. LAUDERDALE, FL 33311

Mailing Address
9470 W. BOYNTON BCH. BLVD.
BOYNTON BEACH, FL 33437



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0970430

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STROUD, SUZZETTE K
9470 WEST BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33437

**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 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
STROUD, CARLTON D
9470 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSTD
STROUD, SUZZETTE K
9470 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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01/12/07-80043-008 150.00

**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:

Suzette K. Stroud
Suzette K. STROUD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07
Date

561-734-4728
Daytime Phone #