

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S67940**

1. Entity Name  
**HILLSBOROUGH FENCE, INC.**



Principal Place of Business  
**6211 W HILLSBOROUGH AVE  
TAMPA, FL 33634**

Mailing Address  
**6211 W HILLSBOROUGH AVE  
TAMPA, FL 33634**



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3075268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**MILEY, LAWRENCE  
6211 W HILLSBOROUGH AVE  
TAMPA, FL 33634**

**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

000000762805  
05/29/07-80016-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MILEY, LAWRENCE
STREET ADDRESS	6211 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL

TITLE	DVP
NAME	TURNER, LEONARD
STREET ADDRESS	205 LAKE CHARLES CT
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *L Miley* *LGMiley Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-07*

Date

*813 737 9696*

Daytime Phone #