

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008297

FILED
May 18, 2006
Secretary of State

Entity Name: STRICKLEE 4 BIRDS RESCUE INC.

Current Principal Place of Business:

3049 FARRINGTON STREET
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3049 FARRINGTON STREET
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-1585547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BIER, JEFFREY W
3049 FARRINGTON STREET
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BIER, JEFFREY W
Address: 3049 FARRINGTON STREET
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: MARTIN, MARGIE
Address: 3049 FARRINGTON STREET
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: MARTIN, JESSICA
Address: 3049 FARRINGTON STREET
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: VAN NEST, MARY
Address: 1751 FORREST BLVD
City-St-Zip: JACKSONVILLE, FL 32246

Title: O () Delete
Name: HOYT, POLLY
Address: 18354 CRITTER CORNER
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY W BIER

P

05/18/2006

Electronic Signature of Signing Officer or Director

_____ Date