

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90027 034 \*\*\*150.00

**DOCUMENT # 170311**

1. Entity Name  
**STRUNK LUMBER YARD INC**



Principal Place of Business

**1101 EATON STREET  
PO BOX 1199  
KEY WEST, FL 33041**

Mailing Address

**1101 EATON STREET  
PO BOX 1199  
KEY WEST, FL 33041**

**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-0695078</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**STRUNK, STEPHEN S  
1011 EATON STREET  
KEY WEST, FL 33040**

*1101 Eaton Street*

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STRUNK, PHYLLIS B.
STREET ADDRESS	1101 EATON STREET
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	STD
NAME	STRUNK, E A III
STREET ADDRESS	1101 EATON STREET
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	PD
NAME	STRUNK, STEPHEN S
STREET ADDRESS	1101 EATON STREET
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	VP
NAME	STRUNK, ANDY B
STREET ADDRESS	1101 EATON STREET
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*Phyllis B. Strunk* *Phyllis B Strunk* *305-296-9091*

*3-22-04*