


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 259904</b> 1. Entity Name <b>STRICKLAND INDUSTRIES, INC.</b>	
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Principal Place of Business <b>233-2 TRESKA ROAD JACKSONVILLE, FL 32225</b>	Mailing Address <b>233-2 TRESKA ROAD JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0971204</b>	Applied For 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  <b>STRICKLAND, JAMES K. 233-2 TRESKA ROAD JACKSONVILLE, FL 32225</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000674306 03/29/07-80065-018 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, JAMES K. 233-2 TRESKA RD. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, LOUNELL 233-2 TRESKA RD. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HAWK, KAREN S. 233-2 TRESKA RD. JACKSONVILLE, FL 32225
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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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.

<b>SIGNATURE:</b> <i>Karen S. Hawk</i> <b>KAREN S. HAWK</b> <b>3/19/07</b> <b>904-725-8500</b>	Date	Daytime Phone #
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