


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

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



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0971204	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

STRICKLAND, JAMES K.  
233-2 TRESKA ROAD  
JACKSONVILLE, FL 32225

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/08 0011-011 150.00  
150.00  
8500

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:** *Karen S. Hawk* **KAREN S. HAWK** *3/6/08* *904-725-8500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #