

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 400050

**FILED**  
**Feb 15, 2006**  
**Secretary of State**

**Entity Name:** STRAYHORN REALTY CORPORATION

**Current Principal Place of Business:**

5690 HARBORAGE DRIVE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

5670 HARBORAGE DRIVE  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

5690 HARBORAGE DRIVE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

5670 HARBORAGE DRIVE  
FORT MYERS, FL 33908 US

FEI Number: 59-1425132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRAYHORN, MICHAEL M  
5400 HARBORAGE DRIVE  
FORT MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: STRAYHORN, MICHAEL M  
Address: 5690 HARBORAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: MONTGOMERY, J. MATT  
Address: 5690 HARBORAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: STRAYHORN, MICHAEL M  
Address: 5670 HARBORAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Change ( ) Addition  
Name: MONTGOMERY, J. MATT  
Address: 5670 HARBORAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M STRAYHORN

PRES

02/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date