

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90077 011 ***150.00

DOCUMENT # 537858

1. Entity Name
RICK STRAWBRIDGE, INC.



Principal Place of Business
**5120 S. LAKELAND DRIVE STE 2
LAKELAND, FL 33813**

Mailing Address
**5120 S. LAKELAND DRIVE STE 2
LAKELAND, FL 33813**

94068290



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1805823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STRAWBRIDGE, V. FREDERICK
5202 MESSINA
LAKELAND, FL 33813**

**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 NAME STREET ADDRESS CITY-ST-ZIP	S STRAWBRIDGE, TIMOTHY O 5130 DORMAN RD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRAWBRIDGE, VINCENT, JR 5058 SHADY LAKE LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAWBRIDGE, V FREDERICK 5202 MESSINA LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, GARY T 5120 S. LAKELAND DR., SUITE 2 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

4/22/04

Date

863-646-9338

Daytime Phone #