

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90286 016 \*\*\*150.00

20042085



04182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 638142</b>					
1. Entity Name STRICKLAND AND SMITH, INC.					
Principal Place of Business 749 N. SCENIC HWY. PO BOX 986 FROSTPROOF, FL 33843			Mailing Address PO BOX 986 FROSTPROOF, FL 33843		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1950517				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, NEWELL A 8 BRADFORD BLVD FROSTPROOF, FL 33843			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			336 Peabody Circle		
			City Avon Park		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <span style="float: right;">DATE _____</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, NEWELL A	NAME	336 Peabody Circle		
STREET ADDRESS	8 BRADFORD BLVD	STREET ADDRESS	Avon Park, FL 33825		
CITY-ST-ZIP	FROSTPROOF, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, H EDWARD	NAME			
STREET ADDRESS	319 SUNSET RD	STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF, FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, VIRGINIA D	NAME			
STREET ADDRESS	318 CARMELA CIR	STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, STEPHEN A	NAME			
STREET ADDRESS	2561 S.W. 3 AVENUE	STREET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRICKLAND, MARY J	NAME			
STREET ADDRESS	319 SUNSET RD	STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>N.A. Smith</i>		N.A. SMITH, PRESIDENT		4-19-05 (863) 635-4853	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	