

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 658701

1. Entity Name
ROBERT G. STRANG, INC.



Principal Place of Business
**120 NAPA RIDGE WAY
NAPLES, FL 34110 US**

Mailing Address
**120 NAPA RIDGE WAY
NAPLES, FL 34110 US**



02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2028489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRANG, ROBERT G
1400 POMPEI LANE #4
NAPLES, FL 34103**

**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 firm if applicable

(If not a Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
STRANG, ROBERT G.
120 NAPA RIDGE WAY
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/29/06-80021-015 150.00

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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 partnership or limited liability company; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet if not changed.

SIGNATURE: *Robert G. Strang*
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

3-18-06

Print

Comptroller Patricia M.