FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90091 003 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 685651

1. Entity Name
STRANG TRUCKING COMPANY, INC.

50049848

Principal Place of Business	Mailing Address
9500 S OCEAN DRIVE JENSEN BEACH, FL 34957 US	PO BOX 14-1156 CORAL GABLES, FL 33114 US

05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2028987
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRANG, STANLEY
9500 S OCEAN DRIVE
JENSEN BEACH, FL 34957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	STRANG, STANLEY
STREET ADDRESS	9500 S OCEAN DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	DP
NAME	STRANG, IRENE
STREET ADDRESS	9500 S OCEAN DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 any address, with all other like empowered.

SIGNATURE: Irene Strang April 29 410-354-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #