


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000001102**  
1. Entity Name  
**STRICTLY ADVERTISING, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1011 IVES DAIRY RD**                      **1011 IVES DAIRY RD**  
**210**    **210**  
**MIAMI, FL 33179 US**                      **MIAMI, FL 33179 US**

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number **56-1943953** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EDMONDS, JULIE**  
**1011 IVES DAIRY RD #210**  
**MIAMI, FL 33179**

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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's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EDMONDS, JULIE
STREET ADDRESS	1011 IVES DAIRY RD
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000185917  
 01/21/05-80034-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Julie Edmonds** **1-14-05** **(305)653-1117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #