

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003077

FILED
Mar 04, 2009
Secretary of State

Entity Name: STROMQUIST & COMPANY, INC.

Current Principal Place of Business:

4620 ATLANTA ROAD
SMYRNA, GA 30080

New Principal Place of Business:

Current Mailing Address:

PO BOX 724688
ATLANTA, GA 31139

New Mailing Address:

FEI Number: 58-0684488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKIN, PAUL
5125 ADANSON STREET
STE. 200
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: LINDLEY, SAM
Address: 4620 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080

Title: SD () Delete
Name: STROMQUIST, ERIC
Address: 4620 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080

Title: TD () Delete
Name: STROMQUIST, DAVID
Address: 4620 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080

Title: D () Delete
Name: MITCHELL & ASSOCIATE, S, CPAS, PC
Address: 732 KENNESAW AVE STE 250
City-St-Zip: MARIETTA, GA 30060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MYRA B. MITCHELL, CP, A LC
Address: PO BOX 2390
City-St-Zip: DALLAS, GA 30132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. STROMQUIST

TD

03/04/2009

Electronic Signature of Signing Officer or Director

Date