

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G15954**

1. Entity Name  
**6/10 CORPORATION**



Principal Place of Business  
**P O BOX 7378  
SUITE 310  
WINTER HAVEN, FL 33883**

Mailing Address  
**P O BOX 7378  
SUITE 310  
WINTER HAVEN, FL 33883**



03032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2244598**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STRANG, CARL J III  
519 AVE. B, NW  
WINTER HAVEN, FL 33882**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	STRANG, CARL J III
STREET ADDRESS	519 AVE. B., NW
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	COB
NAME	STRANG, CARL J JR
STREET ADDRESS	D1050 W LAKE OTIS DR
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	V
NAME	WILSON, KERRY
STREET ADDRESS	PO BOX 7608 NA
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	V
NAME	BOGDAHN, JOSEPH
STREET ADDRESS	PO BOX 7378 NA
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000271927  
03/21/05-80068-012 158.75

**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 an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/05 813 299/191