


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 040 ***150.00

DOCUMENT # H18708
 1. Entity Name
STRACO, INC.



Principal Place of Business
301 WEATHERBEE ROAD
FT PIERCE, FL 34982 US

Mailing Address
301 WEATHERBEE ROAD
FT. PIERCE, FL 34982 US

20013361



2. Principal Place of Business
613 E. WEATHERBEE RD
 Suite, Apt. #, etc.

3. Mailing Address
613 E. WEATHERBEE RD
 Suite, Apt. #, etc.

02122005 Chg-P CR2E034 (10/03)

City & State
FT PIERCE, FL

City & State
FT PIERCE, FL

Zip
34982 Country
US

Zip
34982 Country
US

4. FEI Number
59-2511271

Applied For
 Not Applicable

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

6...Name and Address of Current Registered Agent

STRANGE, JAMES A. II
301 WEATHERBEE ROAD
FT. PIERCE, FL 34982

7...Name and Address of New Registered Agent

Name
STRANGE, JAMES A II

Street Address (P.O. Box Number is Not Acceptable)
613 E. WEATHERBEE ROAD

City
FT PIERCE FL Zip Code
34922

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: *John E. Strange II* **2-15-05**
Signature, typed or printed name of registered agent and title 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	STD	<input type="checkbox"/> Delete
NAME	CULLY, MARCIA S.	
STREET ADDRESS	2945 BENT PINE DRIVE	
CITY-ST-ZIP	FT. PIERCE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRANGE, JOHN E.	
STREET ADDRESS	5554 LIGUSTRUM LOOP	
CITY-ST-ZIP	OVIEDO, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRANGE, JAMES A. II	
STREET ADDRESS	301 WEATHERBEE ROAD	
CITY-ST-ZIP	FT. PIERCE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES A STRANGE II	
STREET ADDRESS	613 E. WEATHERBEE ROAD	
CITY-ST-ZIP	FT PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John E. Strange* **JOHN E. STRANGE** **2/14/05** **407-977-4711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #