

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90023 023 \*\*\*158.75

**DOCUMENT # H44441**

1. Entity Name

**STRAUB CAPITAL CORP.**



Principal Place of Business

**450 ROYAL PALM WAY, SUITE 501  
PALM BEACH FL 33480**

Mailing Address

**450 ROYAL PALM WAY, SUITE 501  
PALM BEACH FL 33480**

**50016978**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**505 S. Flagler Drive**

Suite, Apt. #, etc.

**Suite 1002**

3. Mailing Address

**505 S. Flagler Drive**

Suite, Apt. #, etc.

**Suite 1002**

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

Zip

**33401**

Country

4. FEI Number

**59-2497585**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221-E  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **STRAUB, GLENN E.**  
STREET ADDRESS **450 ROYAL PALM WAY, STE 501**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DC** ☒ Delete  
NAME **STRAUB, GEORGE E.**  
STREET ADDRESS **450 ROYAL PALM WAY, STE 501**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VTS** ☐ Delete  
NAME **CECIL, JAMES D.**  
STREET ADDRESS **450 ROYAL PALM WAY, STE 501**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **505 S. Flagler Drive, Ste. 1002**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **505 S. Flagler Drive, Ste. 1002**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #